University of Alberta

Building and Sustaining International Partnerships in Higher Education in Nursing

by

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Canada

To Bill and Carmen-Elizabeth

who supported me throughout my journey.

Abstract

As the discipline of nursing works collaboratively to strategically address global health needs, understanding the processes that assist in building and sustaining effective partnerships will continue to become increasingly important in the future. The purpose of the study was to understand how the contextual features of history, culture, setting, decision-making, and intercultural communication contribute to building and sustaining a successful international development partnership in higher education in nursing. A qualitative methodological framework guided the research process using case study research and participatory action research (PAR). The case study analyzed was of an established educational partnership between a Faculty of Nursing in Canada, and a School of Nursing in Ghana in the development of a Master of Philosophy. Participants included nursing/medical educators, leaders, and administrators in Canada and Ghana, and Ghanaian nursing students who described how they perceived their experiences with this international partnership. As part of the PAR process there was ongoing consultation with Management Committee members in Canada and Ghana, at various stages, during the research process. The findings revealed three phases of the partnering relationship among the Canadian and Ghanaian partners which were; **Getting Started, Keeping it Going,** and **Following the Project**. Further analysis of the data provided an in-depth understanding of three integral components; *ease of communication, sharing of power,* and *focus on capacity building* and seven key elements: *shared and individual institutional goals; shared expertise; shared workload; shared leadership; adequate resources; mobilization of external resources;* and *commitment to sustainability* which provided the framework for understanding what contributed to a mutually satisfying partnering relationship and a successful outcome. Social and critical perspectives were used to offer a theoretical understanding of the complexities of the partnering relationship. The findings in this particular case study highlight the importance of the partnering relationship for a successful outcome and likelihood for sustainability in an international partnership in higher education in nursing. Nurse scholars engaged in similar international

development projects may find the insights from this study, based upon collaborative reflections between the researcher and the Management Committee members, useful as a guide to developing a mutual and satisfying partnering relationship.

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CHAPTER ONE

INTRODUCTION

This thesis evolved from my personal experiences working internationally, over several years, and pondering the notion of *why some educational partnerships in nursing were more successful than others*. What makes this type of partnership succeed? This question became an ongoing interest of mine, so that when I embarked upon doctoral studies, I made a thoughtful, conscious decision to explore the *complexities and developmental processes* of international educational partnerships in nursing. Fortuitously, access to a specific established nursing partnership between a Faculty of Nursing in Canada and a School of Nursing in Ghana, West Africa, in the development of a Master of Philosophy (Nursing) program in Ghana presented itself to me. To examine the notion of *international partnerships in higher education* it only made inherent sense that I would explore *both sides* of this partnership in order to gain a better understanding of the complexities embedded in the Canadian and Ghanaian contexts. This case study describes the perceptions of Canadian and Ghanaian faculty and Ghanaian graduate students about their experiences with this partnership. It also describes the sharing of my preliminary data, findings, and insights from the analysis of the case study with members of a formalized management team of the project, at both sites, while they shared their input and validation of the data with me. This sharing allowed us to create new knowledge in a participatory manner.

Setting the Context for International Nursing Partnerships

There is a consensus, globally, that investment in human resources is integral to the technological and socioeconomic development of all nations (Canadian International Development Agency [CIDA], 2000; French, 2003; United Nations [UN], 2000; World Development Report, 2003). In this context, investment in the health status of populations is considered to be an essential component (Hancock, 2001; UN, 2000). Nurses are essential to maintenance of the infrastructure that promotes improvement of the health status of a country's

population (Arnold et al., 1998; Gennaro, 2000; Orchard & Karmaliani, 1999; Oulton, 1999a). Historically, Canadian nurses have been involved in various strategies for strengthening nursing internationally, including academic preparation of foreign nurses at post secondary levels and support of institutional capacity building in many nations (Dier, 1988, 1992; French, 2003; McAuliffe & Cohen, 2005; Splane & Huffman Splane, 2003). Improving health care systems and health status around the world requires the advancement of nursing knowledge through research in all national contexts (Fitzpatrick, 2002; French, 1999; Hegyvary, 2002; Mapanga et al., 1999; Riner & Becklenberg, 2001). Nurse scholars have written about the importance of possessing a global perspective toward the goal of health and social justice for all (Austin, 2001, 2004; Gottschalk, 1997; Huch, 2002; Messias, 2001; Mill, Astle, Ogilvie, & Opare, 2005; Ogilvie, Astle, Mill, & Opare, 2005; Oulton, 1999b; Shah, Robinson, & El Enezi, 2002; Sullivan, 2000; Veenema, 2001; Wright, Godue, Manfredi, & Korniewicz, 1998), with *International partnerships* viewed as one strategy through which this goal may be achieved (Arnold et al., 1998; Betz, 2002; Bosworth et al., 2006; Girot & Enders, 2004; International Council of Nurses [ICN], 1998; Jones, Bond, & Riley-Eddins, 2002; MacPhee, 2002; Pieper & Caliri, 2002; Tlou, 1998; Twedell, 2006; Uhl, 1991; Vincent & Jones, 1999; Zheng, Hinshaw, Yu, Guo, & Oakley, 2001).

Historical Context

Historically, international nursing has been primarily situated in the context of Third World development, as this is where the majority of the overseas work reported in the nursing literature has been focused (Dier, 1988, 1992).[1] In this context, various international agencies have been involved in the development of health projects in response to urgent health needs worldwide. Nurses first started working overseas in Christian missions and colonial services (Dier, 1988, 1992). The Christian missions' original goal was to spread the religious doctrine of

[1] For the remainder of the dissertation, the term *Third World* will be replaced by the following terms; *the South* referring to the mostly non-industrialized countries of Africa, Asia and Latin America, and *the North* referring to industrialized, high-income countries. These terms emphasize the common ground and scope for economic and political solidarity arising from a common position in relation to global capital (Allen, Thomas, & Keynes, 2000).

Christianity. It soon became clear that the spiritual needs of the people could not be adequately met without attending to the apparent educational and health problems (Dier, 1988, 1992). As a result, the missions established schools and hospitals. After World War II, there was increased emphasis on the establishment of the formal health care sectors in newly created independent countries, formerly under colonial rule. The World Health Organization (WHO) was formed with its member nations having as their goal the improvement of the health status of populations. Consequently, these newly formed independent countries requested assistance from WHO to help them extend the insufficient health services they had inherited from the colonial powers. This resulted in the recruitment of nurses to oversee various development projects. Since the establishment of WHO, there have been other international agencies involved in international development work that have sought the expertise and knowledge of nurses. In Canada, for example, the Canadian International Development Agency (CIDA), Canadian Public Health Association (CPHA), other non-governmental organizations (NGOs), Canadian Nurses Association (CNA), and universities, colleges, and health agencies have participated in health sector development internationally.

Depending upon the stage of development of nursing in a country, the nurse's role in international health has had great diversity and has evolved over the years (Dier, 1988; Gennaro, 2000; McAuliffe & Cohen, 2005). Dier (1992) described phases of international nursing practice as the: (a) doing phase; (b) training phase; (c) supporting phase; (d) consulting phase; and, (e) the collaborating phase. After World War II, initial requests from former colonized countries were for phases *a* and *b,* which called for direct nursing services, and later shifted to establishing training institutions to educate their own national nurses. Over time, as the health human resource requirement was attained, there was an increasing focus on leadership training for the national nurses. As a result, fellowships abroad were offered in nursing education and administration, and in specialized areas, such as public health and midwifery. Post-basic education programs were also established at numerous universities throughout the South. The

supporting phase sought international nurses, called *counterparts,* to provide advice and support, which was gradually phased out as the national nurses assumed the role. The *consulting* phase requested international nurses with specialized expertise for limited time frames. Finally, the *collaborating* phase that is predominating today involves a two-way support and exchange of information. The underlying premise is that nurses in this type of international nursing practice are partners, with mutual obligations and benefits. As countries become more interdependent, this collaborating phase of nursing practice increasingly becomes the focus of development work in international health.

For many countries in the post-colonial period, northern nations continue to influence southern nations, a phenomenon referred to as neocolonialism (Altbach, 2001). Most countries of the South, for example, depend on financial and technological assistance from northern nations, investment by multinational corporations, and loans from the World Bank and International Monetary Fund (Shah et al., 2002) for their survival. As a result, in terms of establishing international development partnerships in nursing between member nations of the North and South, it is important to acknowledge that a power imbalance is inevitable (Brinkerhoff, 2002a). As it is predominately the northern nation that provides financial support, power imbalances, generally, arise from one partner controlling most of the financial resources (Brinkerhoff, 2002a; Canadian Council for International Co-operation [CCIC], 2004; Lister, 2000).

Relevance to Nursing

While collaboration by nurse scholars worldwide necessitates the development of culturally sensitive knowledge and ways of relating (Meleis & Gray, 1998), there has been little research on what constitutes effective partnerships in international development projects in nursing. Such projects are increasingly undertaken by nursing departments in institutions of higher learning in partner countries, and often involve nursing faculty with little or no international experience (Lange & Ailinger, 2001). Each international partner brings expertise to the project, although asymmetry in contributions may exist. As such, effective partnerships

require the contributions of both partners to be acknowledged, as well as the acknowledgement of the benefits that institutions and personnel in both countries may have accrued (Jones et al., 2002; Shah et al., 2002). The importance of understanding the processes that assist with building and sustaining effective partnerships will become increasingly important as the discipline of nursing works cooperatively to strategically address global health needs.

Statement of the Problem

In my practice as a nurse educator and consultant, I have experienced both rewards and challenges working in various international development partnerships. I have spent moments wondering why international educational partnerships that appeared to be working well received poor evaluations, while partnerships that appeared ineffective received positive evaluations. I have also wondered if my partners, too, felt unsettled or confused. Could it be that current assessment tools do not contain culturally compatible criteria? Or, could it be that the indicators used for these evaluations are inadequate to capture the quality of the international development partnership and cultural diversity in both systems? More to the point, what makes this kind of partnership succeed?

Focus of the Study

The focus of this study was to explore how contextual features, such as values, attitudes, relational processes, and organizational structures, contribute to success in building and sustaining a specific established nursing partnership. The case study chosen was between a Faculty of Nursing in Canada and a School of Nursing in Ghana, West Africa, in the development of a Master of Philosophy (Nursing) program in Ghana. Through this qualitative inquiry, I focused on intersections of features of history, culture (values, beliefs, attitudes, and customs), setting (political, religious, economic, educational, infrastructural, and technological), decision-making strategies, and intercultural communication that were considered to influence international partnerships and facilitate sustainable development. The following research approaches were used: case study research and participatory action research (PAR).

Research Questions

In order to explore contextual features of history, culture, setting, decision-making, and intercultural communication that contribute to building and sustaining successful international development partnerships in higher education in nursing, the research questions were as follows:

1. What contributes to the success of an international development partnership in higher education in nursing?
2. What are the processes for building the professional-professional relationship in an international development partnership in higher education in nursing?
3. What are the processes for sustaining the professional-professional relationship in an international development partnership in higher education in nursing?

Definition of Key Term

To facilitate the reader's understanding of the key term included in the research questions, for this research, a *successful international development partnership for a specific project* was defined as *one that is effective with respect to the achievement of mutually determined goals and objectives*.

Organization of the Thesis

This thesis is comprised of nine Chapters. Chapter one is an introduction to the research. Chapter two is a review of literature specifically relevant or related to building and sustaining international partnerships in higher education. Chapter three is a description of theoretical and philosophical perspectives relative to discussion of the second level of data analysis. The research process is described in the fourth chapter. In chapters five to seven the findings are reported, then integrated and synthesized with the relevant literature in chapter eight. The ninth and final chapter includes a description of the insights emerging from analysis of this case study, suggestions for further research, personal reflections on my experience in conducting this research, and concluding remarks about the partnering relationship.

CHAPTER TWO

THE MEANING OF PARTNERSHIPS

In this chapter, the intent is to explore specifically what *partnership* means between institutions of higher education in nursing, situated within an international development context. This became a challenge as the literature relevant to the general term *partnership* in nursing, health care, medicine, education, international development, social science, and business is vast. Such literature explicates various perspectives in relation to the purpose (educational, consultative or research based), the context (local, provincial, international), and types of partnerships (public, private sector, and non-profit sectors, or multi, inter, and intra partnerships) being discussed. In nursing, a critical analysis of the research literature relevant to *international educational partnerships* was found to be sparse and also limited in providing both a *North* and *South* perspective. Most of this literature was written from a *Northern* perspective that expressed the views predominately from one side of an international partnership exchange. The reasons for this could be what are available on the data bases searched, where some countries are in terms of publishing, and the inability to access articles published in other languages. Related literature concerning international educational partnerships, although also limited, was found in the medical, healthcare, educational, and international development literature. As a result, the focus of this review was on relevant and related studies about community and international partnerships in the nursing literature. Related literature in the fields of medicine, healthcare, education, and international development is also included.

In reviewing this literature, the primary focus was directed toward literature specifically relevant or related to the problem being explored; *building and sustaining international partnerships in higher education in nursing,* emphasizing principles, frameworks or models for exploring the relational processes and structures of these partnerships. The literature reviewed assisted with deciding the scope of data to collect and provided a theoretical milieu for second level data analysis and discussion of the findings. The literature is presented conceptually and

thematically as follows: (a) characteristics of partnerships (types and definitions); (b) components of partnerships; (c) themes of effective partnering; and, (d) nursing's position in international development partnerships.

The Concept: Partnership

The concept of partnership has become a part of the discourse in nursing and healthcare (El Ansari, Phillips, & Hammick, 2001; Gallant, Beaulieu, & Carnevale, 2002; Jonsdottir, Litchfield, & Pharris, 2003; Leonard, 1998; MacIntosh & McCormack, 2001; Oulton, 1999b; Patterson, 1998; Statham, 2000), medicine (Kerr, 1996; Lasker, Weiss, & Miller, 2001; Nicoll, Carter, Golden, Robson, Southall, & Williams, 2001; Tan-Torres Edejer, 1999), education (Bainer Jenkins, 2002; El Ansari, 2002; Hodson & Thomas, 2001; Michell, 2002), and international development (Association of Universities and Colleges of Canada [AUCC], 2004; Axinn & Axinn, 1997; Brinkerhoff, 2000a, 2002b; CCIC, 2004; CIDA, 2000; Gillies, 1998; Kerr, 1996; Lister, 2000). Increasingly, partnership relationships between health professionals working with clients and the community to promote health have gained prominence in community development (Courtney, 1995; Courtney, Balland, Fauver, Gariota, & Holland, 1996; El Ansari, 2003; El Ansari et al., 2001; Feldman et al., 2000; Lindsey, Sheilds, & Stajduhar, 1999), primary health care (PHC) (Leonard, 1998; MacIntosh & McCormack, 2001), and health promotion (Gillies, 1998). Educational partnerships have been associated with universities regionally (McAllister, 1997), as well as internationally, in establishing faculty and student exchange programs (El Ansari et al., 2001; Leinonen, 2006; Riner & Becklenberg, 2001; Ross, 2000; Shah et al., 2002; Zheng et al., 2001). North-South partnerships have been associated with capacity building and bridge-building (Lister, 2000). In response to international development challenges (CIDA, 2000; Kerr, 1996; UNESCO, 1997), CIDA (2000) for example, stated the importance of engaging more effectively with developing countries as equal partners for finding solutions to the myriad of broad global issues affecting all countries. In May, 2004 Canada's Coalition to End Global Poverty (CCIC), in response to a changing political climate of strict security measures

encompassing tough anti-terrorism legislation, ratified a set of partnership principles and standards to ensure proper assessment for maintaining equitable North/South partnerships (CCIC, 2004).

In nursing, the concept of partnership has emerged in response to the changing health care system (Gallant et al., 2002; Leonard, 1998). Gallant et al. (2002) described how the context of partnership within the nurse-client relationship has unfolded during the past five decades as several political, social, and economic trends moved Western society towards more democratic and egalitarian principles. The Universal Declaration of Human Rights in 1948 outlined the principles of an equitable, free, and just society (Office of the United Nations, 1948). In 1978, the Alma-Ata Declaration on PHC was built on principles of equity and justice (WHO, 1978). The declaration recommended a social model of health in which a key element was universal access to resources that determine health, such as employment and education. As a result, a new way for nurses and clients to work together emerged from this movement toward democratic thinking and the honoring of basic human rights within health care relationships. Gallant et al. concluded that the focus of a partnership in the nurse-client relationship is grounded in egalitarian principles, which enable the client to acquire the skills and knowledge required for informed health care decisions.

Characteristics of Partnerships

The definitions for the terms *partnership* and *partners* vary. Partnership is often described in association with or in relation to other terms, such as collaboration (El Ansari et al., 2001; Gray, 1989; Henneman, Lee, & Cohen, 1995; Lasker et al., 2001; Mattessich, Murray-Close, & Monsey, 2001; Meleis & Gray, 1998; Sullivan, 1998), coalition and joint-working (El Ansari et al., 2001), and mutuality (Henson, 1997). Henneman et al. stated that *collaboration* is often equated with a union, bond, or partnership, characterized by mutual goals and commitments. Similarly, in the health care literature, Sullivan (1998) stated that *partnership* is included as part of the collaborative process. Sullivan conducted a concept analysis of the term

collaboration and found the following reoccurring characteristics: *dynamic, transforming, process, power sharing, partnership, pervasive,* and *purposeful.* What is notable about all of these terms is that although some distinctions are made in the literature, often they are treated similarly. The Canadian Oxford Paperback Dictionary (Bisset, 2000) defines partner as "a person, organization, country, etc. who shares or takes part with another or others in some activity" (p. 747); and partnership as "the state of being a partner or partners" (p. 747).

In nursing, an integrative review of literature about partnerships within PHC categorized partnerships as either professional-client or professional-professional partnerships (MacIntosh & McCormack, 2001). MacIntosh and McCormack found partnership characteristics included a clear role definition within the partnership, a common purpose and respect as a valued partner, collaboration, mutual respect, and equality amongst each partner. Gallant et al. (2002) conducted a comprehensive concept analysis of the term *partnership* in relation to the *nurse-client relationship, where the client is an individual or family* and found the conceptual definitions of partnership were diverse in scope, types of partners, and the context of the partnership. Similar findings have been found in the education literature where the meaning of partnership changes as various forms of partnerships are considered (Bainer Jenkins, 2002). Gallant et al. stated that the "…literature from various disciplines revealed an implied consensus that partnership is an interpersonal relationship between two or more people who work together toward a mutually defined purpose" (p. 153). Partnership was also portrayed as having positive consequences with the term *partnership* intuitively suggesting positive sentiments. Gallant et al. emphasized the importance of exploring this concept further, because presently there is no clear consensus and consistency with its use. Gallant et al. expressed that as egalitarian models of interaction grow in health care practices and discourse, a better understanding of the concept of partnership is warranted. Both studies (Gallant et al. and MacIntosh & McCormack) provide insight into the issue being explored in this research and thus warrant detailed discussion in this section and in the following section concerning components of partnerships.

Courtney (1995) defined partnership for a Community Partnership Primary Care (CPPC) project based upon the work of Geoppinger and Shuster (1988) "…as the informed, flexible, and negotiated distribution of power between clients and health professionals in the processes of change for improved self-care" (p. 369). Later, Courtney et al. (1996) further developed the defining features of the term partnership based upon their continuing experience with the aforementioned CPPC project. This expanded definition included the active participation of all partners in the process of mutually determining goals and actions that promote well being and health. "The ultimate goal of the partnership process is to enhance the capacity of individual, family and community partners to act more effectively on their own behalf" (Courtney et al., p.180). In this type of partnership a new type of working relationship is created between the nurse and the client. Both the professional and the client become active partners in promoting health, rather than the client acting as a passive recipient and the professional acting unilaterally to solve problems.

Currently, there is no clear consensus in the literature concerning the definition of *international partnerships* in nursing. *International partnerships* in nursing have been defined as "…a collaboration in which two or more institutions or departments within institutions carry out professional activities aimed at improving and developing more knowledge for nursing education" (Tlou, 1998, p. 55). The collaborative activities consist of various roles, such as a consultant, a teacher and/or student exchange, a sabbatical appointment, or as a researcher. *Genuine Partnerships* may be defined as being "…based on a shared vision, commitment of common goals, mutual trust, respect for the different contributions of others, shared responsibilities and shared ownership of the process and outcomes" (Bisch, 1998, p. 53). Despite the diversity in these definitions, in terms of context and scope, a similar theme reflected in each of these two definitions is the notion of the collaborative contribution of both partners towards a common goal. Other international partnerships in nursing, while not specifically defining the term partnership, alluded to a number of reoccurring characteristics, such as mutual respect, sharing

information (Byrne, 1998; French, 2003; Girot & Enders, 2004; Pieper & Caliri, 2002; Rajacich, Khasawneh, Cameron, & Al-Ma'aitah, 2001; Shah et al., 2002; Zheng et al., 2001), and having generally positive outcomes (Lauren et al, 1998; Pieper & Caliri, 2002).

Other areas of study, such as medicine, community development, and international development, have also been involved in international partnership initiatives in healthcare. The focus of these partnerships has been to achieve common health goals (El Ansari et al., 2001). Kerr (1996) used his past personal medical experiences to influence his thinking on notions of partnering in international development. Kerr preferred to use the term *partnering* rather than *partnership*, because he believed that when people engage in partnering, they participate more actively. Although Kerr does not explicitly define partnering, he described characteristics such as a relationship that includes a common purpose, compatible interests and behaviors, and equitable sharing of responsibility. He stated that partnering requires effort and time to achieve and sustain.

Recently, Brinkerhoff (2002a) studied in depth the concept of partnership for international development. Brinkerhoff stated that partnerships are currently a part of the public, private, and non-profit sectors, as well as in the international development rhetoric situated prominently among policymakers, in the media, and with the general public. Brinkerhoff suggested that with the complexity posed by globalization, along with the persisting challenges of security, poverty, and economic and political instability, creative approaches and new institutional structures are required to examine both the needs for technical expertise and for participatory, democratic practices. In every service and sector sphere, participants are looking for the most effective ways to provide services in an increasingly interdependent world. As a result, the term *partnership* has become the encompassing *buzzword* to describe many of the aforementioned endeavors. Brinkerhoff, however implied that *rhetoric* will not lead to solutions, but may make things worse. Cynicism and a lack of trust may discourage participants from pursuing partnership approaches. Therefore, Brinkerhoff proposed that clarification of the concept of partnership is required to support effective partnership work.

Based upon a review of the partnership literature, Brinkerhoff (2002a) defined an ideal type of partnership as:

> A dynamic relationship among diverse actors, based on mutually agreed objectives, pursued through a shared understanding of the most rational division of labor based on the respective comparative advantages of each partner. Partnership encompasses mutual influence, with a careful balance between synergy and respective autonomy, which incorporates mutual respect, equal participation in decision-making, mutual accountability, and transparency. (p. 14)

Brinkerhoff (2002b) found the above definition problematic. Brinkerhoff suggested that there are three problems with this definition, which are: (a) that it may not be universally appropriate; (b) that how this definition can be operationalized is unclear; and (c) that the justification of such a definition is values-based and subjective. As a result, Brinkerhoff identified two defining dimensions of partnership as *mutuality* and *organization identity* stating, "Mutuality encompasses the spirit of partnership principles; and organization identity captures the rationale for selecting particular partners, and its maintenance [as] the basis of partnership's value-added" (Brinkerhoff, 2002a, p. 14). In addition, other principles included *mutual trust and respect*, and *jointly agreed purposes and values*. Brinkerhoff stressed that employing these partnership defining dimensions assists with understanding the expectations of the partnership and delineating the partnership from other types of relationships. For example, a partnership relationship may be subsumed under a different label, such as a contract, and while there may be benefits in these types of relationships, the benefits may not be equally shared. In a particular development project, a democratic partnership should legitimate, mobilize, and engage all participants potentially contributing to or affected by the partnership. In this vein, advocates argue, partnership is the most ethically suitable approach to sustainable development (Brinkerhoff, 2002b).

In conclusion, despite the fact that the term partnership appears to be a valued concept in various disciplines, there currently remains no clear consensus about its exact meaning. In addition, it has been repeatedly emphasized in the literature that the term partnership requires further in-depth study. Similar reoccurring characteristics have emerged, however, such as egalitarian principles, mutually defined purpose, dynamic, power-sharing, positive sentiments, and equal participation in decision-making. Also, the nature of a partnership is actualized through an interpersonal relationship.

Components of Partnerships - Structure and Process

To date, the current nursing literature about partnership structure and process is limited. In an in-depth concept analysis of partnership within the nurse-client relationship, Gallant et al. (2002) identified the structure and process for these partnerships. The *structure* consisted of phases of the relationship, roles, and responsibilities of the partners, along with the associated aims and foci of each phase, whereas the *process* consisted of the attributes of negotiation and power sharing. Although the *partnership structure* is identified as a consistent theme in the nurse-client relationship, it was rarely elaborated upon in the literature. Gallant et al. asserted that the mere presence of a relationship does not by itself establish a partnership, but that partnerships are actualized through the process of the relationship. *Power sharing* and *negotiation* were the *key process variables* identified in interactions within a partnership. From the literature reviewed it was clear that power is shared, but what lacked clarity was the extent and nature of that sharing. Gallant asserted that the notion of power should be conceptualized in a way that is compatible with the sharing nature and enablement aim of the partnership.

In terms of the attribute of *negotiation*, Gallant et al. (2002) found it to be the main interaction strategy in the partnership process. However, negotiation models based upon the basic premise of defending and arguing different positions on an issue, leading to compromises and concessions, do not fit conceptually with the ideas of partnership. Rather, win-win negotiation models based upon a common focus are required in the partnership relationship.

MacIntosh and McCormack (2001) found in their integrative review of the PHC literature on partnerships in nursing that a partnership framework emerged using the prefixes of words used to describe *multi*, *inter*, and *intra* partnerships. They defined partnerships in PHC specifically according to the type of partnership described in their framework. *Multi* partnerships consist of multiprofessional, multidisciplinary, or multisectoral partnerships in which the partners are working *independently* towards a common purpose. *Multi* partnerships indicate *minimal* partnering. Within the health care sector, for example, a multi disciplinary partnership would be nurses, midwives, and doctors who partner with clients independently from one another. *Inter* partnerships are defined as interprofessional, interdisciplinary, or intersectoral partnerships in which the partners are from different domains working *interdependently* and collaboratively to achieve a common purpose; for example, nurses, doctors, and physiotherapists would work collaboratively sharing each partner's expertise in an atmosphere of respect to meet the needs of the client. Lastly, *intra* partnerships are described as intradisciplinary and intrasectoral partners within the same domain who work intradependently and collaboratively toward a common purpose. An intradisciplinary partnership, for example, might include nurses from practice and from the education milieu working collaboratively to secure clinical placements for students. They concluded that more empirical work is required to study the outcomes of the three conceptualizations of partnerships in terms of differing characteristics and client outcomes.

In community nursing, Courtney et al. (1996) described a new kind of partnership model between the health professional and the client that differed in emphasis compared with the traditional professional model. They emphasized the professionals' roles in facilitating and supporting the empowerment of individuals, families, and communities with the ultimate goal of working *with* them to improve their health. Within the partnership process, a salient feature required for implementation of this process was the realization that the professional must think like a partner and not just like an expert.

Lately, there has been questioning of the partnership relationship between nurse and client as being obscured, due to current health care systems' focus on prescriptive, cost-effective, and outcome-oriented practices. In an analysis of the nurse-client relationship, Jonsdottir et al. (2003) argued that reexamination of the partnership between nurse and client, as the core of the discipline, might bring nurses back to what is essential to nursing. This is a caring relationship focused on what is meaningful in the pursuit of health. They point to the significance of the relational nature of partnership, which to date has not been fully articulated and conceptualized in the literature. This notion of relationship assumes a process that is characterized as a partnership. As a result, implications for the patient cannot be predicted, prescribed, or even imagined from the beginning. The exploration of the nurse-client relationship from this perspective emphasizes the diversity in practice rather than the uniformity identified with standardized procedures.

In international nursing, structures and processes for maintaining and initiating such partnerships are primarily descriptive and personal accounts (O'Toole, Melli, Moore, & Destine 1996; Tlou, 1998). Tlou found that international partnership processes included: agreed upon shared activities; identification of the partner's diverse interests; and implementation of joint programs and planning for future efforts. Amid this process, continual negotiation was necessary to ensure that both partners benefit from the partnership. Other international nursing partnership literature focused specifically on educational partnerships, providing descriptive accounts of the challenges and rewards of these types of exchanges (Arnold et al., 1998; Edwards, Bunn, Morales-Mann, Papai, & Davies, 2000; Lauren et al., 1998; Ross, 2000; Zheng et al. 2001). The focus for these aforementioned partnerships was reciprocal in nature.

Recently, Girot and Enders (2004) found the majority of literature about international educational partnerships focuses primarily on *outcomes* rather than the *processes.* Girot and Enders participated in an international partnership in higher education between the United Kingdom and Brazil, and upon critical reflection from *both partners,* they identified the following key qualities for a successful partnership; effective communication, deep commitment, and the

need for both partners to understand each other's context of care. The significance of these descriptive, personal reflections is that both parties involved in the partnership shared their experiences. Much of the literature written by nurses about international experiences is written by only one side of the exchange, providing only one perspective (McAuliffe & Cohen, 2005).

In the development literature, Lister (2000) applied a conceptual framework drawn from organizational theory to explore issues of power within a US-based development NGO partnership. Lister suggested that power dynamics within a partnership warrant examination. Lister stated that it must be acknowledged when, in a partnership with an NGO, the formation of an authentic partnership is influenced by who is controlling the finances. As a result of a power differential related to the distribution of funds, the potential for the development of a true partnership has been questioned and may be impossible. Findings in their study indicated that differing amounts of power in the relationships were found.

In development work with CIDA's University Partnership in Cooperation and Development (UPCD) programs by Canadians, Beaulieu (2004) stated that increasingly they have been using a *partnership model* as their guide. The model's premise is that partners in the *North* and the *South* work together to solve development problems rather than using the *donor-knows-best* development approach of the past. Beaulieu described that some of the advantages of the partnership model have been: a more equitable sharing of power; greater sustainability; local ownership; and stronger relationships between partners in the North and South. This partnership model appears to hold much promise. However, empirical data substantiating the positive characteristics of this model are needed to provide it with more credibility as the Canadian partner is still primarily accountable in the reporting structure for the distribution and use of funds.

The Center for the Advancement of Collaborative Strategies in Health (2005) in the United States has developed a tool to assess the collaborative process in partnerships that conceptually may have implications for understanding the processes for international

partnerships. Lasker et al. (2001) cited that increasingly more health partnerships have been established in the American health care system as one way of addressing complex health issues. In their examination of the partnership literature, they state that there is a lack of evidence explaining how a successful collaborative process allows partnerships an advantage over single agents in planning and delivering interventions that improve health and service delivery. As a result, Lasker et al. developed a measure, labeled *partnership synergy,* as a way to assess the degree to which a partnership's collaborative process successfully combines its participants' knowledge, skills, and perspectives. They developed a framework for operationalizing and assessing partnership synergy and for identifying its determinants.

The determinants of partnership synergy were hypothesized as: resources; partner characteristics; relationships among partners; partnership characteristics; and the external environment. The purpose of this framework is to facilitate the development of diagnostic tools that may assist people who manage partnerships to determine the extent to which their partnership is achieving synergy, as well as to determine its strengths and weaknesses.

In 2002, Weiss, Anderson, and Lasker conducted a national, exploratory study examining the relationship between partnership synergy and six dimensions of partnership functioning: leadership; administration and management; partnership efficiency; nonfinancial resources; partner involvement challenges; and community-related challenges. They found that partnership synergy was most closely related to partnership efficiency and leadership effectiveness. Based on the results of this study, the authors developed a web-based self-assessment tool for partnerships (Center for the Advancement of Collaborative Strategies in Health, 2005). This tool provides those involved in partnerships with a way to assess how well the collaborative process is working, and to identify areas to assist the process to work better.

Themes of Effective Partnering

Despite acknowledgement that collaboration by nurse scholars worldwide necessitates the development of culturally sensitive knowledge and ways of relating (Edwards et al., 2000;

Fitzpatrick 2002; Jones et al., 2002; Meleis & Gray, 1998; Traynor & Rafferty, 1999), current research on what empirically constitutes effective partnerships remains unclear. In the healthcare community and development literature there is an emphasis on the need for evidence to support the notion that collaboration within a partnership is effective (Brinkerhoff, 2002a, 2000b; El Ansari et al., 2001; Lister, 2000).

In nursing, principles, elements, strategies or perspectives that appear to promote or contribute to the effectiveness or success of various international development projects are mostly descriptive, anecdotal accounts (Carty & White, 1996; DeSantis, 1987, 1988, 1995; Fitzpatrick, 2002; Lee, 2001; Meleis & Gray, 1998; Shah et al., 2001). To foster effective international collaboration, Meleis and Gray (1998) described four *essential principles*: *mutuality, involvement, clarity,* and *reciprocity.* The first principle, *mutuality,* is defined as "... shared and agreed-upon assumptions and goals" (p. 389). They asserted that in order for collaboration to be effective, mutuality must be fostered and established. The collaborative members are fully aware of both short-term and long-term goals, and that out of these diverse goals, there are shared goals that will sustain the reason for the collaboration. Also, collaboration might be enhanced and more productive when mutuality is more equivalent.

The second principle, *involvement,* "... is to draw out and include all participants in the collaboration in all aspects of establishing, implementing, and /or finalizing the collaborative project" (Meleis & Gray, 1998, p. 389). This principle emphasizes the importance of including members in all components of the research or project from inception through to completion, to assure an effective collaboration. They stressed the importance of being culturally sensitive and competent and making necessary modifications as deemed appropriate to meet the needs of all involved.

The third principle, *clarity,* "... reflects a doctrine of precision in clarifying all components of the collaborative plan that we know may require a contracting and recontracting of expectations and goals" (Meleis & Gray, 1998, p. 389). Collaboration is likely to be more

productive if from the outset the collaborative agreement is clear and unambiguous. In addition, Meleis and Gray suggested acknowledgements or rewards be clearly outlined, so that resentment toward the international collaborative work does not manifest itself. Such rewards, for example, could be participation in conference planning, a visiting appointment, or joint authorship.

The fourth principle, *reciprocity,* is the "... give-and-take of ensuring that the collaboration reflects a win-win situation for all collaborating members" (Meleis & Gray, 1998, p. 390). The exact specifics of what is given may differ substantially from what is received. The extent that participants in the collaborating team visualize give-and-take in the relationship will impact the level of commitment of the participants to the collaborative effort.

Meleis and Gray (1998) argued that credible and productive international collaboration requires that special attention be given to the aforementioned four principles to enhance the potential for establishing alliances and coalitions leading to effective projects. They do not specifically state that these alliances and coalitions are partnerships, although the assumption is made. They acknowledged that collaboration is not an easy process. It entails a lot of time, perseverance, patience, and a vision for some tangible and intangible rewards.

The success of development projects in nursing are often stated in terms of outcomes (Fitzpatrick, 2002). Explicit expectations and shared goals by both contributing partners are essential to the success of a project outcome (Fitzpatrick). Guiding descriptive principles for international research projects to facilitate their success have been developed by Fitzpatrick based upon her years of working with such projects. These principles include:

1. Be explicit about the goals and expectations of each of the partners.
2. Clearly delineate a time frame for accomplishment of each phase of the research and the related activities associated with each phase.
3. Specify the contributions that each member of the research team will make.
4. Build in contingency plans for all components of the research.

5. Engage in frequent and planned communication. For example, in the early phase of data collection, there might be a need for weekly phone calls in addition to the frequent email communication (p. 199).

F*our principles* integral to the successful development and implementation of co-operative transnational nursing projects are described by DeSantis (1987) as;

(1) *Adaptation to local and national contexts.* This principle involves possessing knowledge of the national and local contexts; organizational structure of the health care system; local situation as viewed by the national authorities; role, status, function and future goals for professional education and of professional groups; awareness of the socio-political, seasonal, and cultural factors having an impact on the program; and final decision-making power in the hands of the local-level counterparts and officials.

(2) *Operating through the counterpart concept.* DeSantis defines this notion of counterpart "as one or more persons designated by the recipient group to work collaboratively with donor group field personnel from the outset of programme planning" (p. 69). The goal is that the counterpart will eventually assume responsibility for the program once the donor group (referring to an agency, government, or other type of collective body that invests manpower and resources to another group for the attainment of some mutually or specific agreed upon purpose) withdraws.

(3) *Commitment of the donor group.* This third principle extends beyond the donor's commitment of supplying material, financial, and human resources, and also includes the ability of administration and management to support and guide field personnel without insisting on direct decision making and involvement in every stage of the program.

(4) *Commitment of the recipient group.* This last principle entails essentially the same factors as stated for principle three, but also provides qualified counterpart(s); assuring adherence to national guidelines that have an impact on implementation and program development; access to policy-makers at local, regional, and national levels; and

supplying on-site facilities, manpower, support services and resources for field personnel. In applying these aforementioned principles, DeSantis (1988, 1995) emphasized that the success of these counterpart relationships rested on the ability and willingness to learn from one another and to apply knowledge in new and different ways within their specific contexts.

To meet the challenges of living in a global world, Shah et al. (2002) described the need for a global-centric perspective rather than an ethnocentric approach. A global-centric perspective requires a greater appreciation and understanding of cultures to ensure meaningful cross-cultural interactions. They identified five major global-centric perspectives that each partner should understand and apply in global exchanges to contribute to the success of the partnership, which entailed sensitivity to cultural differences with (a) international patients; (b) international students; (c) American faculty consultants; (d) diversity in American higher education; and (e) allied health professions in the American health care industry. This article focused primarily on educational exchanges between the United States and another country. However, these global-centric perspectives may be useful to consider in international partnerships in nursing in other settings.

For a better understanding of cross-cultural perspectives in international educational exchanges in nursing, some scholars have proposed frameworks or models (Carty & White, 1996; Lange & Ailinger, 2001; Shah et al., 2002). Carty and White described a strategic planning model to organize and clarify what an international group project intends to do. They found that by using a strategic planning framework it could mean the difference between a successful or unsuccessful international project. Lange and Ailinger described a model for an international faculty exchange, and central to this model was *communication.* Other elements important to a successful exchange were flexibility, open-mindedness, fluency in the native language if possible, and awareness of culturally appropriate cues. As well, social interactions with faculty were seen as an integral part of the experience. Shah et al. described a framework aimed at identifying

major elements that must be assessed and understood for achieving an optimum beneficial exchange between partners. The purpose of this framework was as a tool to analyze projects. The framework acknowledged that each partner would have distinct perspectives with regards to: history, political philosophy, economic system, sociocultural environment (culture, values, beliefs, customs, behavior), and national interest. In addition, they emphasized four other elements that are essential for any partnership to be effective and beneficial, which are cultural sensitivity, global ethics, preservation of professional standards, and accountability. They stressed the importance of agreement that both parties be accountable financially to the sponsoring agency in terms of the outcomes of the project.

Finally, other nursing scholars described communication as the basis for a successful partnership (Lange & Ailinger, 2001; Thomas, Al-Ma'aitah, Cameron, Drake, & Rajaciach, 1994). A key precursor to a successful development project is understanding of the partnering society and culture, which takes precedence over the skills, ability, and experience the nurses bring to the project (Fisher, 2000). *Coordination* is key to assuring the success of an international nursing project (O'Toole et al., 1996), as are adaptability, creativity, and flexibility. The project described by O'Toole et al. was the only one that collected qualitative data in post-trip reports that stated the projects were *rewarding*.

These aforementioned articles provide descriptive knowledge and insights into what makes a partnership in an international development project in nursing effective, and/or successful. However, as more international partnerships are established, it is important that nurse researchers examine these types of partnerships to ascertain whether, in fact, they are achieving the intended outcomes of an effective partnership.

In the program evaluation literature, Brinkerhoff (2002b) found that the processes and institutional arrangements for a partnership are usually ignored as the current emphasis has been on performance measurements. Brinkerhoff's in-depth analysis of the evaluation, education, and international development literature to date yielded no evaluation frameworks that specifically

assessed partnership relationships, as opposed to partnership programmatic outcomes. Brinkerhoff, however, argued about the importance of public managers becoming more scientific and technical about the ways they assess and improve public programs in order to enhance the outcomes that are so valued. As a result, Brinkerhoff proposed a framework for assessing partnership work in progress that emphasized improving partnership practice as a means of enhancing outcomes. The assessment framework is extremely detailed, including compliance with prerequisites and success factors, degree of partnership practice, the outcomes of the partnership relationship, partners' performance, and efficiency. Brinkerhoff's proposed framework provides insight into examination of the partnership relationship, one of the issues being explored in the proposed research, and thus warrants detailed discussion. Brinkerhoff suggested the use of a developmental evaluation approach that aims to ensure good partnership practice, as well as support of a theory-based evaluation that seeks to test theory suggesting that partnership contributes to performance. Although Brinkerhoff does not directly apply this framework to international partnerships, she does expand upon this notion in her recent work concerning these types of partnerships (2002a). To date, this framework has not been applied as proposed. This framework was originally developed to be applied to a federally-funded consortium of private and non-profit consulting firms. The participants preferred to focus on the indicators of program performance and appeared to be uncomfortable with addressing issues of trust and other relationship dynamics. As well, there was uncertainty regarding the technical expertise of the developer.

In terms of international development partnerships, Brinkerhoff (2002a) asserted that while synergistic outcomes are often stated and sought, they are rarely measured or fully articulated. Brinkerhoff suggested that it may be impossible to quantify such outcomes, but efforts should be made to learn about these advantages in order to learn more from various partnership approaches. The majority of evidence regarding how the quality of a partnership contributes to performance is anecdotal (Brinkerhoff, 2002a). In addition, Brinkerhoff stated that

the effectiveness of a partnership depends upon each partner recognizing the limits of one's own expertise, while acknowledging the other partner's perceived strengths.

Nursing's Position in International Development Partnerships

Increasingly, the literature in nursing has acknowledged the importance of international partnerships (Betz, 2002; Pieper & Caliri, 2002; Shah et al., 2002; Zheng et al., 2001). Despite this, no empirical studies could be found examining the relational processes and structures that result in effective partnerships in higher education in nursing. In the past two decades, literature about international partnerships in nursing has been limited, and as previously mentioned, sparse in providing both a *northern* and a *southern* perspective. In a comprehensive review of the literature on international nursing research and educational exchanges, McAuliffe and Cohen (2005) found that most articles were written by individuals from one side of the exchange. As well, even though most of the international exchanges were for students, the papers were usually written by faculty members. Therefore the true nature of the exchange may not be appropriate or properly analyzed. Williams (2006), in a letter to the editor, questioned the McAuliffe and Cohen review for not considering that nurses involved in Fulbright exchanges in the past have been actively involved in publishing studies from their perspectives. Williams suggested that in future reviews these excluded publications may be reported in order to provide a more balanced perspective.

The existing literature describes international partnerships from a variety of perspectives: descriptive accounts of the importance of the international consultant's role (Andrews, 1985, 1986); personal experiences of working in international development projects (Fisher, 2000); a critical reflection by two nurse scholars from both sides of a partnership of key qualities for a successful partnership (Girot & Enders, 2004); exploration of models to be used in international partnerships and collaboration in nursing education (Carty & White, 1996; Ross, 2000; White & Smith, 1997); development of a collaborative faculty development program (Thomas et al., 1994); a model for human resource development in Jordan (Thomas, Rajacich, Al Ma'aitah,

Cameron, & Malinowski, 2000); merits of establishing international partnerships for research in nursing (Fitzpatrick, 2002; Mapanga et al., 1999; Zanotti, 1995, 1996); and, educational opportunities for nursing students (Riner & Becklenberg, 2001). In addition, the literature includes collective efforts by foreign nationals to assist with nursing reform activities (Lauren et al., 1998; Rajacich et al., 2001); description of an international partnership about chronic wound prevention and treatment (Pieper & Caliri, 2002); implementation and evaluation of interprofessional exchanges through workshops (Edwards et al., 2000); a description of the benefits of international nursing to improve nursing globally (French, 1999; Splane & Huffman Splane, 2003); benefits of partnerships along with network development (Vincent & Jones, 1999); and, learning opportunities for students and faculty (Zheng et al., 2001).

Authors of recent articles discussed the need to form partnerships in international nursing as a way for colleagues to address health care needs worldwide by sharing information and resources (Tlou, 1998), exchanging ideas, and learning from each other (Betz, 2002; Pieper & Caliri, 2002; Shah et al., 2002). Currently, there is increasing awareness of a global community, and that health is a worldwide concern. As a result, the importance of having a well-educated nursing force has been recognized as one of the ways to restore and assist developing countries in reforming and improving their health care systems (Lauren et al., 1998; Robinson, Sportsman, Eschiti, Bradshaw, & Bol, 2006). In addition, Pieper and Caliri (2002) emphasized, "Global partnerships within nursing are important in forming nursing knowledge" (p. 288).

In reviewing the partnership literature relevant to nursing, international nursing partnerships, and international development in nursing, gaps exist in the literature and further clarity is needed. The majority of this literature, while explicating some interesting anecdotal and descriptive accounts on the merits and successes of such partnerships, does not add theoretically informed knowledge to the discipline of nursing. The current state of knowledge regarding the effectiveness of partner relations in the context of international nursing projects in higher education is sparse, particularly in providing a *North/South* perspective. I could find no studies

that directly examined this process. The goal of conducting this literature review was to explore various theoretical perspectives and methodologies that revealed an increased understanding of partnership processes and structures. As a result, there is a need for more theoretically informed dialogue between nurses engaged in international endeavors, thus improving and fostering better international nursing partnerships in the future. The next Chapter will provide a description of the theoretical and philosophical perspectives chosen for their potential relevance to this research.

CHAPTER THREE

THEORECTICAL PERSPECTIVES: UNDERSTANDING DEVELOPMENT PARTNERSHIPS IN NURSING

The works of social/critical theorists Jürgen Habermas of the Frankfurt School, Paul-Michel Foucault, and Brazilian educator Paulo Freire provided a theoretical and philosophical milieu for the discussion of the second level of data analysis of my study. No theoretical framework explicitly guided the study or the analysis of data. There is an assumption that theory can be derived inductively based on evidence. The theoretical perspectives were integrated into the discussion after completion of the first and second levels of analysis. Thus a social theory lens was used to inform discussion of how the findings fit with existing theory. The decision to examine these theorists stemmed from an awareness of the relevance that social and critical perspectives could have for: (a) formulating appropriate questions in the context of the focus of the study; (b) employing appropriate research approaches; (c) understanding the nature of international development partnerships in nursing, and
(d) interpreting the data.

Jürgen Habermas

Critical theory was originally aimed at rethinking and questioning the social philosophy of Marxist theory. Marxism was grounded in an ideology of constraints based on labour and class division. Western critical theory is often associated with a group of philosophers from the Frankfurt School established in 1923 in Germany. Critical theory encompasses different strands of theory heavily influenced by the Frankfurt School of theorists, rather than representing a unified school of thought (Browne, 2000).

Habermas has continued to be a dominant individual contributor to critical theory since his first work was translated from German into English in 1971 (Howe, 2000; Morrow & Brown, 1994; Morrow & Torres, 2002; Scambler, 2001a). He has continued to refine the central criticism

of positivism and attempted to create an alternative epistemology for social theory (Kim & Holter, 1995; Scambler, 2001a). Habermas's perspective of critical theory introduced an alternative epistemology for social theory by connecting the social paradigms of the systems (structural functionalism) and the life world (interpretive sociology) with what he calls the theory of rational communicative action (Kim & Holter, 1995; Ray, 1992).

Philosophical Assumptions of Critical Theory

Reoccurring in various conceptualizations of critical theory is the underlying assumption that agents are able to determine their own interests by being emancipated from oppressive power relations in society. These unequal power relations are embedded in the basic functions and structures of society. Critical theory aims to expose these oppressive relationships among groups and liberate them from the coercion and constraints of oppressive social structures (Bent, 1993; Stevens, 1989). To fully understand the meaning of the knowledge generated from this research tradition, one must employ reflective interpretation (Geuss, 1987; Ray, 1992).

Human beings in critical theory are viewed as capable of rational self-critique (Campbell & Bunting, 1991). In critical theory, beings will challenge the dominant ideology, as stated above, through a process of critique, dialogue, conscientization, and action (Stevens, 1989). Beings will be enlightened from their oppressive situation by revealing the historical, cultural, and political contexts in which they live, reflecting upon these conditions and raising consciousness through mutual interaction and dialogue. They may then, based upon informed action, seek to bring about social change (Stevens). The underlying assumption in critical theory is that beings are capable of examining themselves (subjectively) and making sense of what is occurring in their social context or setting (objectively) because of their capacity to be social or what Habermas (1978) refers to as *intersubjective*, thus highlighting the importance of communicative competence. Ontologically, the nature of being has both a subjectivist and

objectivist position. A fundamental principle underlying critical theory is opposition to the separation of the subject and object of knowledge, as in positivism.

Habermas (1978) explicated the epistemological arguments for his *theory of knowledge interests,* which focuses on the origins of distorted communication. He stated that there are specific viewpoints which represent three forms of *knowledge interests* characteristic of the human species, and labeled as structured by universal and a priori *cognitive interests* from which one can understand social reality. They are identified as *technical, practical,* and *emancipatory interests*. These knowledge interests have definitive meanings with regard to the knowledge constructed and are interrelated. The *technical cognitive interest* focuses on the application of the *empirical-analytic science* from which predictive knowledge is derived that leads to purposeful, rational social action. Habermas argued that the aim of empirical-analytic sciences is the generation of control over others. The *practical cognitive interest* focuses on the application of the *historical-hermeneutical sciences* where the aim is knowledge that clarifies conditions for mutual understanding and connection (Bernstein, 1985). Lastly, the *critical- emancipatory interest*, the approach with the notion of critique, aims at "the freeing of individuals from constraints and domination, with an emphasis on critical self-reflection for mutual understanding" (Kim & Holter, 1995). Morrow and Brown (1994) suggested that the uniqueness of the critical-emancipatory interest is the cognitive process that unites both normative and empirical theorizing. Morrow and Brown stated, "This type of empirical analysis is, in turn closely linked with implicit *normative claims* that is, the necessary assumption of an *ideal speech situation* where falsifying consciousness would be reduced because communication would assume the form of authentic dialogue not based on asymmetrical relations of power" (p. 149). "The core of critical theory is the notion of emancipating people from conscious or unconscious constraints to facilitate by uncoerced negotiated agreement the making of community life" (Ray, 1992, p. 98). Habermas stated that the other two sciences, empirical-analytic and historical-hermeneutic, presuppose

generation of emancipatory knowledge. Habermas argued that the goal of critical theory is to unfreeze the law-like structures, as well as the values imposed by society, so that self-reflection encourages a generation of new knowledge that furthers autonomy and responsibility. As a result, these three categories of knowledge establish a perspective whereby autonomy and responsibility are promoted and communication occurs in a nonauthoritarian and universal dialogue (Habermas, 1978).

In later works, Habermas (1984, 1987) expounded further on the essence of emancipation by developing the *theory of communicative action* and *discourse ethics*. Habermas's aim was not to negate his earlier theory, but to reformulate the reliance on a subject-centered epistemological paradigm and to "... reformulate that project in terms of a 'transcendental pragmatics', a theory that retains the commitment to values of truth, critique, and rational consensus, but which pins its faith to the regulative precept of an 'ideal speech-situation', a public sphere of uncoerced participant debate when those values might achieve their fullest expression" (Honderich, 1995, p. 330). The theory of communicative action emphasizes general conditions of *intersubjective communication* and involves two major concepts: communicative competence and ideal speech situation (Habermas, 1984, 1987). Habermas described this theory making the assumption that there is a close relationship between knowledge and rationality. Habermas argued that knowledge is constructed in an historical and social context through human interaction. With this new knowledge, social change can occur. The fundamental assumption is that knowledge ought not to be generated for its own sake, but be used as a form of cultural or social criticism (Kincheloe & McLaren, 2000). Communicative competence means that one possesses competence in speech and symbolic interaction as well as linguistic competence. As a result, one creates an interaction between at least two persons who are capable of speech and action. "The participants seek to achieve an understanding about the situation of action and their plans of action by arriving at an agreement so that their future actions may be considered" (Kim & Holter, 1995, p.21). Habermas

(1984) specifically described four types of speech acts required for an ideal speech situation. In addition, he further specifies four different validity claims underlying speech acts to achieve *intersubjective* communication. If the participants have doubts about what is being conveyed, the validity claims can be discussed through what Habermas describes as the theory of augumentation.

Therefore, to arrive at the nature of knowledge and truth, there are two assumptions underlying communicative action. The first assumption is that in linguistic communication there is consensus and understanding among the participants (Habermas, 1984) and second that ideal truth underpins each encounter (Ray, 1992). "Implicit in this view is a valuing of people as the experts in their own lives, who have an important stake in how issues are resolved" (Berman, Ford-Gilboe, & Campbell, 1998, pg. 3). The outcome in critical theory is to change knowledge. The assumption about knowledge in critical theory is that it is created and not discovered because the standards of truth are always social. "Habermas's primary achievement has been to make the theory of dialogue central to the foundations of the human sciences in his theory of communicative action" (Mill, Allen, & Morrow, 2001, p. 114).

The researcher supports the argument explicated by Mill et al. (2001) stating that often the true notion of critical theory has been misunderstood and placed at the periphery of other research traditions. Mill et al. stated that there is a misunderstanding with the concept of critique that underlies the paradigmatic claim. In Habermas's later writings about the theory of communicative action, he presents a *critique* explicating the notion that through the dialogue of *subject-to-subject relations* other possibilities are revealed. Habermas constructed a conception of praxis that is deeply informed by critique (Schwandt, 2001). Habermas sought to recover the centrality of praxis to our self-understanding. The type of practical knowledge associated with praxis is *phronesis.* "This kind of practical-moral knowledge characterizes a person who knows how to live well; it is acquired and deployed in one's actions with one's fellow human beings"

(Schwandt, 2001, p. 207). This type of knowledge is referred to as deliberate excellence, practical reason, or practical wisdom. Phronesis is concerned with the local, the timely, the particular, and the contingent. As a result, when examining the interactions that occur in various international nursing contexts, the potential is there for the construction of a shared understanding and the development of new knowledge. "The central insight of Habermas's later work is that critique, as the unveiling of domination, presupposes the reconstruction of the foundations of the human sciences that goes beyond the essentialism of traditional humanism" (Mill et al., 2001, p. 123). In addition, the notion of deliberative democracy described by Habermas (1978) is how legitimate institutions and decisions would be agreed to by those involved in a democratic procedure, "... if they could participate, as free and equal, in discursive will formation" (p. 86). For nursing, what is at stake is how sharing knowledge that is the outcome of deliberate democracy is oriented toward the construction of collaborative bodies of knowledge and practice leading to sustainability. The notion of a transnational public sphere and cosmopolitan democracy that is concerned precisely with cross-cultural contexts of collaboration and cooperation is explored further in the discussion of findings in this study.

Paul-Michel Foucault

Michel Foucault (1926-84) described how knowledge is produced, and how power operates for examining the process of changing social realities. Foucault's research pursuits were varied, located in three areas of history. First, he was interested in understanding the rise of discipline, and the regulation of the person in his examination of psychiatry; second, he examined the regulation of sexuality in Christianity; and third, he was concerned with the technologies or socio-political practices by which the self is constructed (Abercrombie, Hill, & Turner, 2000). As a result, exactly where to situate Foucault's work is difficult (Rabinow, 1984).

Foucault's distinctive notions of power addressing power-knowledge relations of discourses proved relevant for the interpretation of findings in this study. Although meanings of

the term *discourse* are varied (Schwandt, 2001), for Foucault, *discourse* "… refers more broadly to systems of thought that construct subjects and their worlds" (p. 58). In other words, *discourse* refers to ways of thinking and talking about aspects of reality within a particular historical period (Cheek, 2000). In Foucault's work on discourses of madness, for example, he described ways of thinking and talking about madness and connected practices, which have changed over time (Abercrombie et al., 2000). Discourses operate through discursive practices that refer to rules by which discourses are structured. These discursive practices establish discourses that subsequently constitute power relations and knowledge. Foucault (1980) stated, "Truth is a thing of this world: it is produced by virtue of multiple forms of constraints" (p. 131). According to Foucault, certain discourses will dominate more than others; however, these regimes of truth cannot exist outside the knowledge and power relations of discourse. Foucault viewed power not as repressive, but rather as a productive concept enabling certain knowledge to be produced and known. Foucault stated, "Knowledge and power are integrated with one another, and there is no point in dreaming of a time when knowledge will cease to depend on power; this is just a way of reviving humanism in a utopian guise. It is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power" (1980, p. 52).

Foucault's (1990) view of power differed from the more traditional forms of power in terms of the juridical-discursive model, whereby power is viewed as something that is possessed. Although he did not negate these interpretations of power, he took a broader view of power, stating that power is exercised and not possessed. Foucault stated, "…power is exercised from innumerable points…" (1990, p. 94). In other words, power is not viewed one-dimensionally. Rather, power is not only viewed from *top down*, but also from *bottom up*, suggesting that it is multidimensional. Foucault did not explicitly define the term power, but described it as:

> It seems to me that power must be understood in the first instance as the multiplicity of force relations immanent in the sphere in which they operate and which constitute their

> own organization; as the process which, through ceaseless struggles and confrontations, transforms, strengthens, or reverses them; as the support which these force relations find in one another; thus forming a chain or a system, or on the contrary, the disjunctions and contradictions which isolate them from one another; and lastly, as the strategies in which they take effect, whose general design or institutional crystallization is embodied in the state apparatus, in the formulation of the law, in the various social hegemonies (1990, p. 93)

Foucault focused on how individuals are affected by power relations, so that power becomes nonegalitarian and mobile (1990). Power is not situated in just one person or place, but is something that encompasses all person(s) involved in the particular power relation. Foucault stated, "One doesn't have here a power which is wholly in the hands of one person who can exercise it alone and totally over the others. It's a machine in which everyone is caught, those who exercise power just as much as those over whom it is exercised" (1980, p. 156).

Foucault (1990) described how power and resistance coexist. Foucault stated, "Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power" (1990, p. 95). Resistance is then a necessary requirement for power. Foucault stated that resistance is present everywhere in the power network and that power relies on "...plurality of resistances" (1990, p. 96). Resistances can present in many ways, such as solitary, spontaneous, savage, concerted, while others are interested, quick to compromise, or sacrificial. As a result, resistance becomes an issue for all individuals. Foucault's notion of the relationship between power and resistance suggests that individuals cannot be completely powerless when power is exercised.

Foucault's work on discourse, power and knowledge, and resistance provides insights for explaining in depth the power-knowledge practices involved in the international nursing

partnership relationship examined in this study. Such an exploration assisted with examination of other realities that produced different truths.

Paulo Freire

Paulo Freire (1921-97) is known for his significant contribution to the education of illiterate adults in Brazil. However, Freire's "...work is more than a method for literacy education; it is a broad and deep understanding of education that has its political nature at the core of its concerns" (Araújo Freire & Macedo, 2000, p. 8). Freire, author of *Pedagogy of the Oppressed,* implied that no aspect of social phenomena could be understood unless it is related to the structure and history in which it is found. Macedo (2002) explained that Freire's thinking provided him with the critical tools to reflect on, and understand, the process through which one comes to know what it means to be outside of a close yet fragile relationship between the colonizer and the colonized.

In essence, Freire's analysis of the dominant model of education led to his democratic proposal, "In problem-posing education, people develop their power to perceive critically *the way they exist* in the world *with which* and *in which* they find themselves; they come to see the world not as a static reality, but as a reality in process, in transformation" (Macedo, 2002, p. 82). In the type of problem-posing theory and practice described by Freire, it takes people's historicity as their starting point. There is the emergence of consciousness and critical intervention in reality. The underlying premise of Freire's work is to have a world that is more democratic, less dehumanizing, and more humane (Macedo, 2002).

Some educators have taken Freire's complex theoretical work and philosophical ideas to a mechanical methodology (Macedo, 2002). Freire's method of teaching Brazilian peasants how to read was not designed to be a method, but part of a larger purpose of politicizing them so that they could read the world and be able to connect the world with the word (Araújo Freire &

Macedo, 2000). Macedo argued further that it is important not to transform Freire's notion of dialogue into a method, which then loses sight that the fundamental goal of dialogical teaching is to create a process of knowing and learning that encompasses theorizing about the experiences shared in the dialogue process. In other words, dialogue characterizes an epistemological relationship. It is from this dialogic relationship that both the processes of learning and knowing occur. Dialogue in itself is not an end, but a way of understanding about the object of knowledge and not just a conversation about individuals' lived experiences (Araújo Freire & Macedo, 2000; Macedo, 2002). To understand this shared experience, it must be understood within a social praxis that involves *reflection* and political *action* (Freire, 2002) in order to transform it. Optimally, the dialogue, the reflection and action, and the theorizing and practicing all take place in collaboration with *the people* or the *oppressed* (Seng, 1998). The next chapter will focus on the research process and my personal reflections about this process.

CHAPTER FOUR

THE RESEARCH PROCESS

In this chapter, I describe how I conducted a case study using the approaches of qualitative research and participatory action research (PAR). In this research the particular case is the analysis of an established educational partnership between a Faculty of Nursing in Canada and a School of Nursing in Ghana, West Africa in the development of a Master of Philosophy (Nursing) program in Ghana. Canadian and Ghanaian faculty and Ghanaian students described how they perceived their experiences with this international partnership.

The Particular Case - Background

The study was conducted in both Canada and Ghana. The Republic of Ghana (formerly the Gold Coast) is located along the Gulf of Guinea on the western coast of tropical Africa, bordered to the west by Côte d'Ivoire (Ivory Coast), north by Burkina Faso, east by Togo, and south by the Atlantic Ocean. Ghana was formerly a British colony until the Ghana Independence Act resulted in Royal Assent from Britain on February 7th, 1957. On March 6th, 1957, Ghana was officially proclaimed a sovereign independent nation and became the first tropical colonial territory in modern times, both in Africa or in the Caribbean, to regain independence from colonial rule (Briggs, 2001; Buah, 1998). Statistics from WHO (2006) indicate Ghana's population is approximately 22.1 million, with life expectancy at birth to be 56 years for males and 58 years for females. Both Canada and Ghana are members of the British Commonwealth.

This particular case was selected for five primary reasons: (a) it met the needs of the research idea; (b) I am a PhD student at the University of Alberta and have maintained an ongoing interest in this unique and specific nursing partnership; (c) access to this international nursing project allowed me an opportunity to explore this specific partnership for my dissertation research; (d) this project received a positive external mid-term evaluation, and (e) my PhD supervisor was one of the Canadian Co-Directors of the project and was knowledgeable about the development and implementation of the project. My PhD supervisor and I recognized that there

could be dangers inherent in terms of her closeness to the project and her close relationship with me as my supervisor. As a result, every effort was made to maintain and assure anonymity of potential participants. The only transcribed interview read by my supervisor was the interview I conducted with her. The international nursing project, funded by the Canadian International Development Agency (CIDA) from November of 1999 to February of 2005, evolved from a request from a Department of Nursing in Ghana to a Faculty of Nursing in Canada for the development of a Masters of Philosophy (Nursing) program in Ghana.[2] The purpose of the project was to prepare nurses for leadership positions in education, administration, program development, and health policy.

The goal of the UA/UG international education partnership was a fit with the current mandate of the University Partnerships in Cooperation and Development (UPCD) program, which funds partnerships between Canadian universities and higher education, and training organizations in developing countries (AUCC, 2007). The goal of such programs is to assist countries to address their sustainable development priorities by developing their human resources and increasing the capacity of their postsecondary institutions. Such programs are administered by the Association of Universities and Colleges of Canada (AUCC, 2007). It was expected that by strengthening leadership capacity in nursing through graduate education, improvements in the health status of Ghanaians may be achieved. The ultimate goal was to have a sustainable Masters of Philosophy (Nursing) program at the School of Nursing in Ghana by the end of 2004. As part of this process, the School of Nursing in Ghana and Faculty of Nursing in Canada collaborated in the development, teaching, and evaluation of all courses, as well as the thesis supervision of students.

[2] For the remainder of the dissertation, the term *UG Department of Nursing* will be replaced by the *UG School of Nursing*. At the beginning of the project, the UG Department of Nursing was under the Faculty of Social Sciences and the Faculty of Science. However, during the implementation of the project, Nursing's status changed within the university to an independent School of Nursing within the College of Health Science (Ogilvie, Opare, & Allen, 2005).

On the Ghana site, joint management meetings were conducted yearly to assess progress of the project. Annual reports from the project described an update of specific components and outcomes related to the partnership. In relation to curriculum development and implementation, for example, courses were developed and implemented through acts of collaboration between identified members of the School of Nursing in Ghana and of the Faculty of Nursing in Canada, with the transition to Ghanaian independence in the offering of courses that occurred in the Fall of 2002. This goal was achieved.

The project also had various mechanisms in place for monitoring and evaluation. For example, various tools for monitoring aspects of the project included scholarly activity rates related to the project, the progression of students through the graduate program at the School of Nursing in Ghana, faculty involvement at the Faculty of Nursing in Canada and School of Nursing in Ghana, Faculty of Nursing in Canada nursing student participation, and course and program evaluation by Ghanaian nursing students. In this particular partnership there were benefits for both the Canadian and Ghanaian faculties. For example, involved members of both the Faculty of Nursing in Canada and School of Nursing in Ghana were offered the opportunity to work and learn in both countries. The external mid-term evaluation of the project in Ghana, undertaken in 2002, confirmed that project objectives were being met (Knight, 2002). The project remained on target in terms of a time line and was within its declared budget. At the beginning of 2003, the project entered its final two years of funding. This end phase focused on research development and thesis supervision, and was considered the most challenging phase of the project. There was mutual interest in extending the partnership to a second project. As a second project was anticipated sometime in the future, the Management Committees at both sites were excited at the prospect of gaining knowledge that was likely to strengthen the partnership in the future. As I was developing my proposal, a letter of support from the head of nursing at the School of Nursing in Ghana was obtained for my study and is found in (see Appendix A for letter of support).

Research Design

Qualitative research emphasizes the socially constructed nature of reality, situational constraints that shape inquiry, and the intimate relationship between the researcher and what is explored (Denzin & Lincoln, 2000). On the other hand, quantitative research stresses the measurement and analysis of causal relationships, and not processes (Denzin & Lincoln, 2000). As a methodology, PAR provides participants with opportunities to be active in decision-making, in knowledge development and inquiring processes, as well as in experience of the knowledge ownership and consequences that result from the study (Smith, 1997). A researcher's choice for using a case study approach is primarily based upon the nature of the research problem and questions being asked. As Merriam (1998) stated, "The case study offers a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomenon" (p. 41). Thus, case study research is anchored in real-life situations, resulting in a holistic and rich account of a phenomenon. Elements in this particular partnership that facilitated success between Ghanaian and Canadian project stakeholders were explored. Such an inquiry depended upon the stakeholders actively collaborating with me through their input and validation of the research findings, as well in the development of final insights or recommendations. In addition, data were integrated with the literature. Thus, in this study, elements of PAR were integrated into the approach used to; (a) develop the tool used to collect the case study data and b) to provide validation of the findings, interpretation and discussion of findings, and conclusions drawn. The main tenets of Participatory Action Research and the action research method are introduced prior to discussing the Case Study Approach used in this study.

Participatory Action Research (PAR) – Historical Background

Participatory action research (PAR) has been described as an evolving new-paradigm approach to research (Dickson, 2000; Smith, Willms, & Johnson, 1997), an alternative paradigm (Fals Borda, 2001), and a holistic approach, combining research practice and change in particular communities (Thomas, 2000). There is no consensus on the definition of PAR (Stringer, 1999;

Tandon, 1996). The term PAR is often described in association with participatory research (PR) (Cornwall & Jewkes, 1995; Fals Borda, 2001; Kemmis & McTaggart, 2000), or conversely, some scholars prefer to keep these approaches separate. I took the position of Fals Borda (2001), which uses PAR interchangeably with PR.

PAR was developed from the action research paradigm (Rasmussen, 1997), and gradually emerged as a methodology, because scholars were dissatisfied with other traditional methodologies that did not adequately address the real interests of disenfranchised and marginalized groups (Dickson, 2000; Fals Borda, 2001; Schroeder, 1997). In addition, PAR developed in response to making research more applicable to the ongoing work of practitioners, and to the application to mechanisms of change in such a way that directly benefited the participants, by involving them in the research study (Stuart, 1998). Fals Borda stated that scholars in the disciplines of sociology, anthropology, education, and theology were increasingly distracted and disturbed by seeing decay and collapse of previously understood societal values. Consequently, these scholars were unable to apply traditional forms of scientific inquiry, as previously taught, to what they were seeing in everyday life situations. This led to a deliberate change in the way many scholars examined the relation between theory and practice, resulting in a more personal stance in research pursuits. As a result, PAR as a methodology was increasingly adopted by other practice disciplines (Baker, Norton, Young, & Ward, 1998). In the past, participatory methodologies have been used in research and practice in developing countries (Cornwall & Jewkes, 1995; Kerr, 1996; Kirkpatrick, 1990; Smith 1997), and now are increasingly used in advanced countries with healthcare research (Alvarez & Gutiérrez, 2001; May & Lathlean, 2001). As well, PAR is being used to examine programs and projects at regional, national, and global levels (Cornwall & Jewkes, 1995; Gaventa & Cornwall, 2001; Kemmis & Wilkinson, 1998; Smith, et al., 1997), with its rhetoric and practice employed by various development agencies, universities, institutions, and governments (Caventa & Cornwall, 2001).

PAR emphasizes a sociopolitical analysis to problems that entails a shift from interpreting problems from an individual to a societal context (Dickson, 2000). Smith (1997) stated, "PAR, as a critical and spiritual form of research, is about personal and social transformations for liberation, that is, the eventual achievement of equitable communities and societies, which are characterized by justice, freedom, and ecological balance" (p. 173). Schwandt (2001) described three characteristics that distinguish PAR from other forms of social inquiry. They include: (a) its participatory character in terms of collaboration and cooperation between the researcher(s) and other participants in problem identification, method choices, data analysis and use of results; (b) its embodiment of democratic principles and ideals; and, (c) its objective producing both valuable knowledge and action, as well as consciousness raising which will empower individuals through the process of constructing and applying their own knowledge. An intrinsic assumption underlying PAR is that knowledge is related to power and that power is related to change (Dickson, 2000; Henderson, 1995; Schwandt, 2001; Smith, 1997). Thus, PAR is a good fit with a critical theory orientation for a research endeavour (Rasmussen, 1997; Seng, 1998). Both PAR and critical theory share similar philosophical foundations in terms of facilitating individual and group empowerment, and creating a critical consciousness.

Smith (1997) stated that principles of PAR include: (a) intended liberation; (b) development of a compassionate culture; (c) participation which is a cohesively dynamic process of action-reflection (praxis); (d) valuing of "…what people know and believe by using their present reality as a starting point and building on it" (p. 104); (e) collective investigation and action; and, (f) conscious production of new knowledge. "PAR promotes the democratization of knowledge through popular participation in the collective investigation of reality" (Schroeder, 1997, p. 42). Embedded in PAR is the understanding that we make, possess, and encounter the ability to change our social, physical, and moral world through engaged critical reflection and action (Baker et al., 1998). Central tenets of PAR focus on the development of knowledge through raising issues of salience and relevance, as well as the creation of a critical consciousness

leading to effective change (Lindsey et al., 1999). As a result, this process empowers individuals to construct and use their knowledge. Individuals integrate their histories and cultures and add their moral understandings, thereby finding practical and intellectual knowledge (Smith, 1997). Knowledge development in PAR is created through a form of praxis. The concept of praxis includes the integration of practice and theory, which combines reflection, action, and work with people to create change (Seng, 1998).

Participatory Action Research Approach

I chose PAR as a methodological framework to explore with key stakeholders the partnership between the Faculty of Nursing in Canada and the School of Nursing in Ghana. PAR was selected for this study for six reasons. First, the notion of collaboration between the researcher and the participants is an integral characteristic of this methodology, which allows participants to be full subjects in the research process, rather than objects to be studied (Cornwall & Jewkes, 1995; Hope, 1998; Smith, 1997). In this study, it was important to acquire the perceptions of the participants from both sides of the partnership in order to gain greater insights into the particularity and uniqueness of the case. Second, power and empowerment between the participants and the researcher are revealed, whereby power inequities are illuminated and power imbalances explored (Lindsey et al., 1999). Hearing the voices of the participants provided an opportunity or an avenue for exploring issues of power inequity. Third, PAR addresses the local perspectives and locally defined priorities of the context. In other words, the experiences of both the researcher and participants are valued as legitimate forms of knowledge (Schwandt, 2001; Thomas, 2000). Fourth, PAR is flexible in its approach, which does not advocate one particular method (Seng, 1998; Streubert Speziale, 2003a), thus permitting the researcher versatility within many contexts (Schwandt, 2001), including how the data will be collected. Thus, in this study, individual and focus group interviews were used in conjunction with minimal opportunity for participant observation. Fifth, action or change is the central point of the process (Thomas, 2000). The underlying premise is for participants to collaborate with the researcher in the development

of insights or recommendations that result in action or change. Within this partnership, this part of the PAR process was not enacted within the study period. Sixth, implementation of the action or change is the decision of the stakeholders. Thus the power to accept or reject suggestions rests with the participants and not the researcher. The full unfolding of the PAR process was not possible in this research as findings that could lead to change could not be implemented before the funded project ended in 2005.

Dickson (2000) stated that typically in PAR, issues or questions come directly from the community and thus form the basis of the research. However, in reality, often issue(s) or question(s) to be studied come from the researcher (Dickson), which is often the case in nursing (Streubert Speziale, 2003a). In my research, I was questioning the success of partnerships in higher education in nursing. No matter who identifies the problem, however, the stakeholders are more likely to be committed to take action on experience if they believe the situation is important to them and that they can bring about change (Streubert Speziale). Cornwall and Jewkes (1995) emphasized the importance of obtaining approval for the study from the key stakeholders, because researchers have found that some communities may not want to participate. Either they are uninterested in the research, or view it as irrelevant to their needs. As a result, it was during a two week feasibility trip to Ghana in April 2003 that I worked collaboratively with the key stakeholders, obtained a commitment from them concerning their interest in the study, and secured initial consent about how the research was to be conducted. The proposal for this study was completed based upon the input received during the feasibility trip.

In PAR, the researcher and participants may assume various roles for collaboration, which require clarification and consensus from the onset (Schroeder, 1997). Seng (1998), for example, stated participant roles might consist of participants as problem formulators, participants networked to share knowledge, participants-as-researchers, researcher-as-colleague, or researcher-as-participant. In this study, I reviewed the purpose of the study with the management team members in Ghana, solicited their feedback, clarified the research questions,

and defined their roles in the study as co-participants with me in validating the preliminary findings and the making of final recommendations. As well, a potential list of Ghanaian participants to be interviewed during the data collection phase was developed. In Canada, the Management Committee members of the project confirmed their interest in participating too. Management Committee members at both sites expressed interest in involvement in the research at all stages, thus confirming the feasibility of the participatory action approach. With the potential of a second project, the Management Committees were very interested in participating in this research.

There are two perspectives in PAR. There is the insider or *emic* view, and the outsider or *etic* view. The insiders (participants) are actually living through the situation and therefore possess a unique understanding of it. The outsider (the researcher) comes to the situation to assist those involved, but because he or she is not actually living through the situation, is unable to internalize the process in the same way. Therefore, PAR is not done *on* or *for*, but *with* the research participants (Lindsey et al., 1999). Using PAR contributed to the development of other forms of knowledge as a result of a participatory reflective dialogue that generated changes in how we related to one another in the International Project.

Case Study Approach

To resolve the confusion for conceptualization of the term "case study", for my study I have drawn on how Stake (1995; 2000) defines case studies. The emphasis of case study research according to Stake (1995) is particularization, not generalization. Stake described three types of case studies as *intrinsic case study, instrumental case study, and collective case studies.* An *intrinsic case study* is used when the researcher wants a better understanding of a particular case. An *instrumental case study* is used if a particular case is being examined primarily to provide insight into broader issues of interest to the researcher. *Collective case studies* are instrumental studies extended to a number of cases.

For this study, an instrumental case study was chosen with the understanding that the case is of secondary interest, and that the case plays a supportive role, facilitating insight into issues of interest. An instrumental case study approach was suitable because a specific case was chosen to assist with understanding the dynamics of an international nursing partnership from its inception to its current state. "The case, in some ways, has a unique life. It is something that we do not sufficiently understand and want to - therefore, we do a case study" (Stake, 1995, p. 133). Also, Stake's preference is to use the term *issue* as the conceptual structure for the study and *issue questions* as primary research questions in order to emphasize the complexity and contextuality of the research being conducted. As a result, in an instrumental case study, the issues are a dominant force in the study. Stake emphasized that issues are not simple and clean, but intricately wired to historical, political, social, and personal contacts. "Issues help us expand upon the moment, help us see the instance in a more historical light, help us recognize the pervasive problems in human interaction" (Stake, 1995, p. 17).

The case selected as previously stated was an international educational partnership between a Faculty of Nursing in Canada and a School of Nursing in Ghana. By choosing an instrumental case study approach, the research explicated areas of external interest and developed understanding of those areas of interest, such as exploring relational processes and institutional structures foundational to building effective international partnerships in nursing. This educational partnership offered insights and illuminated meanings that may enhance our understanding of this particular project, as well as provide guidance or improve practice for this project and others partaking in similar international endeavors.

The PAR and instrumental case study approaches allowed me to explore, in-depth, the specific research questions as follows:

1. What contributes to the success of an international development partnership in higher education in nursing?

2. What are the processes for building the professional-professional relationship in an international development partnership in higher education in nursing?
3. What are the processes for sustaining the professional-professional relationship in an international development partnership in higher education in nursing?

Data Collection Phases

In this research study there were three phases to data collection. *Phase One* marked the commencement of data collection. Ethical approval was obtained at the University in Canada and then at the University in Ghana. I first conducted interviews with the Canadian participants. Data analysis occurred as data collection progressed. Once these interviews were analyzed, I met with the Canadian Management Committee to share the preliminary analysis and to acquire their feedback and input. Following data collection in Canada, I commenced data collection in Ghana and conducted interviews with the Ghanaian participants. This was followed by focus group interviews conducted with four cohorts of Ghanaian students of the project. Also, I attended the yearly management meeting of the project in June of 2004, comprised of the Ghanaian and Canadian partners, where I used unstructured observation for collecting data.

During *Phase Two*, I returned to Ghana in November of 2004 and conducted interviews with Ghanaian participants who were unable to be interviewed during my first visit. These participants had expressed a desire to be interviewed upon my return visit. As well, I met with the Ghanaian Management Committee members to share the preliminary data analysis of the Ghanaian interviews and sought their feedback and input.

The *Third Phase*, commenced in September 2006 and focused on sharing findings, discussion, and recommendations with Management team members in Canada and Ghana. As part of the PAR process, Management team members were asked to check for inaccuracies or omissions in the findings, concerns regarding interpretations in the findings, and agreement with insights and recommendations. New insights or ideas were welcomed.

The Sampling Procedure

The study was conducted based upon the agreement of partners at both sites in Canada and Ghana to participate. Access to participants at the Faculty of Nursing in Canada and the School of Nursing in Ghana was sought through the Project Directors of the partnership. The participants for the study were purposefully selected and recruited on a volunteer basis. Criteria for participation in the study included core Management Committee members, Faculty, and Advisory Committee members from both Canada and Ghana who had participated in the implementation of the project. In addition, past and current students in Ghana enrolled in the Masters of Philosophy (MPhil) program during the specified time of the partnership were invited to participate. The participants had varying levels of commitment and involvement with the project, such as persons involved during the initial planning phase, during the implementation phase, or as students of the program. Therefore, all persons directly involved in the partnership were invited to participate.

In Canada, once written documentation granting ethics approval was received from the University ethics board (see Appendix B for ethical approval), I met with the Canadian Project Director to review a list of potential participants for the study. The Canadian Project Director sent the letter of invitation, via e-mail, to all potential Canadian participants explaining the nature of the study (see Appendix C for letter of invitation – Canadian/Ghanaian participants). Participants who agreed to be interviewed contacted me by e-mail, telephone or in person. I then provided them with more information about the study and we made arrangements for a time and place for the interviews. The interviews with Canadian participants were conducted in April, June, and July of 2004.

Once in Ghana, I received written documentation granting ethical approval for my study from the University of Ghana ethics board (see Appendix D for ethical approval). I met with the Ghanaian Project Director and together we reviewed the list of potential participants and discussed how they would be invited to participate in the individual and focus group interviews.

The Ghanaian Project Director composed covers letters of introduction to accompany the formal letter of invitations (see Appendixes C and E for letters of invitations for Canadian/Ghanaian participants, and Focus Groups – Ghanaian student participants) to participate in the study. One cover letter was for core management members, faculty, and advisory committee members (see Appendix F for cover letter, Ghanaian participants), and another cover letter was for students (see Appendix G for cover letter Ghanaian student participants). All letters of invitation were personally delivered by an Administrative Assistant from the University of Ghana. Participants who agreed to be interviewed contacted me by telephone, e-mail, or in person. I then provided them with more information about the study and we made arrangements for a time and place to participate in the interviews. The interviews with the Ghanaian participants were conducted in May, August, and November of 2004.

In May of 2004, the Ghanaian and Canadian partners met for their yearly management meeting. The Canadian Co-Director spoke with the members in attendance at this meeting to explain the nature of my study and to seek their permission for me to attend. Once agreement by the entire group was granted, I attended the meeting and used unstructured observation for collecting data (see Appendix H for consent form). The management meeting lasted one hour. Further meetings with Canadian and Ghanian stakeholders to share preliminary findings took place in June of 2004 and November of 2004, respectively.

Summary of Sample

The sample consisted of 31 individual interviews, and four focus group interviews. The Canadian participants consisted of 16 nursing faculty members, and three advisory committee members. Of the participants interviewed, 17 were female and two were male. Participants came from the Faculty of Nursing (UA), and other administrative units at UA. The Ghanaian participants consisted of six nursing faculty members, and six advisory committee members. Of these participants interviewed, six were female and six were male. Participants came from the School of Nursing (UG), other faculties at UG, Ministry of Health (MOH), and the

Canadian International Development Agency (CIDA). The Canadian and Ghanaian participants had been involved in the partnership in one or more of the following capacities: Advisory Committee Members, Management Committee Members, Project Director(s) of the project, Administrative functions, co-development of the proposal, co-development of the curricula, co-supervision of students' theses, co-teaching courses, and billeting students.

Data Collection Methods

Case study research does not specify any particular methods to use for data collection or analysis (Merriam, 1998). Stake (1995) identified the processes of case study research, but also stated that each researcher is different and must decide what methods will be most appropriate for portraying or understanding the case. Dickson (2000) suggested that in PAR, qualitative methods are more commonly emphasized, but a variety of other methods for data collection may be employed.

The qualitative strategies most appropriate for answering the research questions in this study were: individual interviews; focus group interviews; document review; field notes; one unstructured observation; and, validation of preliminary data and development of recommendations with core Management Committee members in Canada and Ghana. Stake (1995) emphasized that data gathering begins even before there is a commitment to conduct the study through first impressions, acquaintance with other cases, and background information. Much of this data is impressionistic, obtained informally as the researcher becomes familiar with the case. Later these first impressions will be replaced or refined, but these early observations will also be a source of data. Language was not an issue as all participants were fluent in English.

Individual Interviews

Individual interviews in qualitative research provide the opportunity for the participants' views to be described in their own words (Mayan, 2001; Streubert Speziale, 2003b). Stake (1995) suggested that the two principal uses of the case study are to obtain the descriptions and

interpretations of others. The interview allows the qualitative researcher to discover and portray the multiple views of the case (Stake).

In this case study, I selected semi-structured interviews because I knew something about the success of international nursing partnerships from descriptive, anecdotal accounts provided in the literature, but not empirically. I was interested in understanding the participants' perspectives on what makes effective international partner relationships in nursing. I developed an interview guide with open-ended questions to ensure consistency in questioning with all interviewees, and to ensure that the purpose of the research and research questions was being addressed (see Appendix I for interview guide). Using open-ended questions allowed the participants the opportunity to articulate their views (Streubert Speziale, 2003b). A member of my PhD candidacy examining committee who was not involved in the international partnership acted as the expert for reviewing the interview guide prior to implementing formal data collection. In April of 2004, after the first pilot interview, minor adjustments were made to the interview guide.

Arrangements were made with participants to conduct the interviews in a quiet, private location. Interviews were audio-taped and transcribed. After each interview, I wrote down my thoughts as field notes, which included information about the location of the interview, overall content of the interview, and other issues, as well as key phrases, words, or ideas that were repeated by the participant that stood out for me. The field notes were used to assist me further in analysis of the interview data. Following each interview I listened to each tape. In Canada, the interviews were approximately 75 minutes in length, with 19 interviews conducted in total. In Ghana, the interviews were approximately 90 minutes in length, with 12 interviews conducted in total.

Focus Group Interviews

Focus groups were used as another strategy to collect data, gaining insights from the graduate students enrolled in the educational program of the project about their perspectives in relation to the success of the international educational partnership in nursing. Carey (1994)

defines focus groups as "… a semi-structured group session, moderated by a group leader, held in an informal setting, with the purpose of collecting information on a designated topic" (p. 226). The focus group strategy may produce data that would be difficult to access with individual interviews (Mayan, 2001; Webb & Kevern, 2001), as well as assist in obtaining richer or more sensitive data (Carey & Smith, 1994; Morrison-Beedy, Côté-Arsenault, & Fischbeck Feinstein, 2001). Some advantages of focus groups are the emphasis on the group process and the interaction of the group members (Asbury, 1995; Carey & Smith, 1994). In addition, they are efficient and can generate a lot of dialogue, and "they are relatively inexpensive to conduct and often produce rich data that are cumulative and elaborative; they can be stimulating for respondents, aiding recall; and the format is flexible" (Fontana & Frey, p. 652, 2000).

The interview guides are designed to correspond to the topic under investigation (Morrison-Beedy et al., 2001; Morgan, 2001). Morrison-Beedy et al. suggested that if focus groups are being conducted with multiple groups for comparison, a structured interview guide may be desired to maintain consistency throughout data collection. Also, when developing the interview guide, the researcher should be attentive to the process of engaging the participants in the discussion, beginning with less sensitive questions, then moving to more core or sensitive questions for discussion. In this study, a semi-structured interview guide was developed so that there would be consistency in questioning amongst the focus groups as well as opportunity for additional thought (see Appendix J for focus group interview guide). Also, the interview guide was designed according to what Morgan (2001) suggested is the *funnel structure*, whereby the *beginning questions* are broad and less structured, followed by *middle questions* that are more structured, and *later questions* that are narrow and more structured. Questions that were likely to be sensitive were not asked until participants' confidence had been gained. To conclude the focus group session, Morgan suggested taking a broader *wrap-up* approach, or as Morrsion-Beedy et al. suggested, clarifying what group participants have heard in a brief summary, and posing a final question asking the participants if there is anything that they have not been asked that they might

like to share. The interview guide for the study concluded with a question asking the participants if there were any other issues that they would like to share.

Focus group interviews were carried out with past and current cohorts of Ghanaian graduate students during the defined period of the project. Four focus group interviews were conducted. Each focus group interview had four to six participants. Out of a potential total of 20 graduate students, 17 students participated in the focus group interviews. Arrangements were made with participants to conduct the interviews in a quiet, private location. Interviews were audio-taped and transcribed. It is recommended that a moderator or facilitator coordinate the focus group participants' group process and interaction (Morrison-Beedy et al., 2001; Twinn, 1998). Morgan (2001) suggested that the moderator's job is as much to implement the interview guide as to lead the focus group discussion. As a result, it is the interview guide that shapes the group discussion. In addition, where feasible a second member could be used to take field notes throughout the session, noting the order in which participants speak to assist with later transcription of the tapes, as well as to record nonverbal communication (Kidd & Parshall, 2000; Morrison-Beedy et al., 2001; Sim, 1998). Because of the sensitivity of some of the issues that may be raised, it is sometimes helpful to have a moderator familiar with the topic who can put the participants at ease, rather than using an outside professional moderator without knowledge of the issues (Morrison-Beedy et al., 2001). Therefore, I moderated and facilitated the focus group discussions. After each interview, I wrote down my thoughts as field notes, which included information about the location of the interview, overall content of the interview, other issues, as well as key phrases, words, or ideas that were repeated by the participants that stood out for me. The field notes were used to assist me with further analysis of the interview data. Following each focus group interview, I listened to each tape, beginning my analysis of the data with the first interview. I conducted four focus group interviews that were each approximately 2 hours in length. I anticipated that the number of participants involved in the focus group sessions would include three to five students and that is what occurred. It has been suggested that effective focus

groups are composed of six to eight participants; however, smaller groups may be more applicable for complex topics or where the participants have expertise on the topic (Krueger, 1995).

Document Review

As described by Stake (1995), most studies require additional evaluation and assessment of documents such as annual reports, specific correspondence, and minutes of meetings to assist in providing information that may not be observed directly by the researcher. Such documents assist the researcher in further clarifying and understanding the various issues involved and their context within the partnership. I reviewed the mid-term and final reports for the project developed by the UA/UG Project Directors. I found these documents helpful in clarifying the implementation of various aspects of the project, for example, the transition period between UA faculty members teaching, followed by the UG faculty members taking the lead role.

Unstructured Observation

Unstructured observation is used to interpret and understand cultural behavior. Unstructured observation recognizes the significance of context and co-construction of knowledge between the researcher and the *researched* (Mulhall, 2003). In June of 2004 I attended the final yearly management meeting of the project, comprised of the Ghanaian and Canadian partners, using unstructured observation for collecting data from this meeting. During the meeting, I wrote down my thoughts as field notes, which included information about the location of the meeting, overall content of the meeting, other issues, as well as key phrases, words, or ideas that were repeated by the participants that stood out for me.

Validation of Preliminary Findings

In May of 2004, preliminary findings from the Canadian interviews were shared with the Canadian Management Committee; and in November of 2004, preliminary findings from the Ghanaian interviews were shared with the Ghanaian Management Committee for their input and

validation. During these meetings, I wrote down their thoughts and mine as field notes to further analyze the data.

Summary of Data Collection

In Canada, I collected data in April, June and July of 2004, and in Ghana I collected data in May, June, August and November of 2004. In Ghana, the majority of interviews were collected during a six-week period between May and June of 2004.

Data Analysis and Interpretation

The goal of data analysis in qualitative research, regardless of the methodological approach, is to illuminate the experiences of participants by sharing the richness of lived experiences and cultures (Streubert Speziale 2003b). In this study, analysis of the data occurred concurrently with data collection. An integral aspect of case study research is that data analysis begins in the field (Stake, 1995), which is an important part of the data collection process. Streubert Speziale indicated that when conducting data analysis in qualitative inquiry, it is important to incorporate both the generic steps of data analysis with the specific research design. In this study, as applicable, generic processes of data analysis were used. They were incorporated into the context of Stake's (1995) suggestions for identifying patterns in case study research.

In analysis of the data, Stake (1995) advocated that each researcher must, through reflection and experience, decide on the forms of analysis that will work best for the study. Stake described that in case study research there are two strategic ways that researchers can determine new meaning about cases; through direct interpretation of the individual instance, and through aggregation of instances until something can be said about the case. Stake thinks that the focus of the research questions, the nature of the study, and the curiosities of the researcher determine what analytic strategies should be followed, such as direct interpretation or categorical aggregation. In instrumental case study research, the particular case serves to assist the researcher with understanding the phenomena or relationships within, so there is a need for categorical aggregation, as well as direct interpretation. Stake (1995) stated, "The search for meaning often is

a search for patterns, for consistency within certain conditions, which we call "correspondence" (p. 78). Direct interpretation and categorical aggregation depend greatly on the search for patterns. The patterns may often be known in advance, because they are derived from the research questions, which then become a template for the analysis. Patterns may also emerge unexpectedly from analysis of the data. In case study research, one is trying to understand issues, behavior, and contexts with regard to the particular case being explored.

Mayan (2001) categorizes content analysis into two different forms, which are manifest and latent. In manifest content analysis, the researcher looks for specific ideas expressed or words used, which are then tallied and employed to generate statistics on the content of the data. Latent content analysis consists of the process of identifying, coding, and categorizing the primary patterns of the data. The meanings of specific paragraphs or specific passages within the data are examined to ascertain the appropriate category. Specifically, latent content analysis was used to code the data as described by Mayan (2001).

Prior to data analysis, audio-taped interviews and focus group interviews were transcribed verbatim by me or by four transcribers who signed confidentiality agreements. All interviews were typed and numbered sequentially. I then read through all the narrative data several times to gain a general sense of depth, credibility, and use of the data, and to reflect on the overall meaning and understanding of the data (Creswell, 2003). As I made sense of the data, ideas were written down as memos and incorporated as part of the data set. In addition, once coding began, I wrote about any new discoveries within the data, observations made in the field, and other ideas being developed about the data in memo form. Data analysis of the semi-structured interviews and focus group interviews was done separately.

I coded the data in order to become familiar with it and begin to organize it (Mayan, 2001) in preparation for analysis. I used descriptive, topic, and analytic coding (Morse & Richards, 2002). Descriptive coding is used to store aspects known about data items, for example, respondents, events, or contexts (Morse & Richards). In this study, descriptive coding included

factual knowledge about the participants in terms of position and their relationship to the project and cohort that may be helpful when seeking explanations, patterns, and theories.

Next, portions of the text were highlighted with comments and ideas of anything compelling written in the margins. I used the left margin of the transcribed interview for coding and the right side margin for comments about the content. Topic coding encompasses identifying a topic for later description and retrieval, reflection, or categorization. Morse and Richards (2002) suggested that topic coding using manual methods might fracture data by removing it from sequence. They suggested using a computer, allowing one to work directly with the text, which may be more useful. Therefore, I used my computer to categorize the data. If a piece of data fit into two different categories, I cross-referenced this data with the other category, made a copy of it and placed it in both files. I made what is referred to as "trees" (categorical mapping) to see the relationship between categories and subcategories. Data that were different from the majority of the sample I labeled as negative cases. When this occurred, I looked for similar cases. If none were found, this piece of data was treated as an anomaly. However, when similar cases were found, they were coded and categorized.

Once the data had been categorized, a higher level of analysis, called analytic coding, occurred (Morse & Richards, 2002). Data were analyzed further for relationships among the categories and emerging themes and sub-themes. Other types of data collected, including memos, field notes and documents reviewed were integrated. During the analysis, preliminary data were shared with the key stakeholders in Canada and Ghana for their input and validation of the respective meanings attributed to the data. A subsequent level of data analysis involved a higher level of abstraction of the findings when they were viewed through a social theory lens and connected to the literature. Of interest was whether findings fit with, challenge, or identified gaps within existing theory.

Validation of Findings

In September of 2006, the three findings chapters (five to seven) from the Canadian/Ghanaian interviews, and the UG MPhil focus group interviews were shared with the Canadian/Ghanaian Management Committee members soliciting their feedback about any inaccuracies, or any input that they wanted to share with me prior to writing the discussion chapter. Suggestions were discussed with my supervisor and inserted where appropriate. No significant concerns were voiced about the findings. The first draft of the discussion chapter was sent to Management Committee members for a similar review of the content and feedback was incorporated into the chapter. The same process occurred regarding the insights that are made in the final chapter.

Research Standards

An important aspect of both quantitative and qualitative research is to ensure that the research is rigourous (Mayan, 2001; Streubert Speziale, 2003b). Validity requires that the findings accurately reflect the phenomenon examined (Morse & Richards, 2002) and reliability is generally concerned with replication (Mayan, 2001). In the field of qualitative inquiry, contemporary dialogue has centered on the relevance of the terms validity and reliability for qualitative inquiry (Emden & Sandelowski, 1998, 1999; Morse & Richards, 2002; Streubert Speziale, 2003b; Whittemore, Chase, & Mandle, 2001). Morse and Richards (2002) related that both validity and reliability should remain the qualitative researcher's goal, despite its being determined differently in qualitative research. Morse and Richards argued that to claim that these terms do not have any place in qualitative inquiry places the whole paradigm under suspicion, diverting attention away from the task of building useful and usable measures in the qualitative context. Morse and Richards offered strategies that qualitative researchers can employ to attain, ensure, and communicate validity and reliability, beginning with the design phase through to completion of the study. Wittemore et al. also affirmed that the term validity is an accurate term to be employed; however, they argued against direct translation from the quantitative perspective.

Whittemore et al., in their analysis of the current dialogue concerning validity issues, proposed "...flexibility amid common criteria provides the best assurance that the art of qualitative research will illuminate the science of qualitative research and the science will give credence to the art" (p. 523).

The incongruous use of the terms, validity and reliability, with the tenets and underlying assumptions of qualitative inquiry, have led to various rewording of these terms to be in concert with the interpretive view (Wittemore et al., 2001). Lincoln and Guba (1985), for example, translated internal validity to *credibility*, external validity to *transferability*, reliability to *dependability*, and objectivity to *confirmability* to be more aligned with the interpretive notions of qualitative research. Lincoln and Guba's criteria are still considered by many to be the gold standard (Streubert Speziale, 2003b; Whittemore et al., 2001).

In this study, various strategies were employed to ensure that the research was rigourous. Emden and Sandelowski (1999) and Foster (1997) suggested that criteria for rigour will vary among studies and researchers, and as a result, judgments must be made related to the philosophical, theoretical, and methodological underpinnings of the research. Based upon these assumptions, rigour is determined through the researcher's attention to and confirmation of information discovery. Streubert Speziale (2003b) stated, "The goal of rigor in qualitative research is to accurately represent study participants' experiences" (p. 38). I chose to use the trustworthiness criteria proposed by Lincoln and Guba (1985) that includes credibility, transferability, dependability, and confirmability to establish rigour in this study. Stringer (1999) supports action researchers' use of Lincoln and Guba's criteria. In addition, criteria identified by Meleis (1996) to evaluate the rigour and credibility in the development of culturally competent knowledge in an international context were employed.

Credibility explores whether the findings are representative of the actual experiences of the participants. To increase the probability that credible findings were produced, key stakeholders from UA and UG were included in the data analysis phase of the study for their

input, validation, and development of recommendations. This was to ensure that the data collected accurately reflected the meaning the participants intended it to convey. Confirmation of the findings with the participants enhances the credibility of the findings (De Koning & Martin, 1996; Lincoln & Guba, 1985; Smith, 1997).

Transferability refers to the extent that the study findings have meaning in terms of their own experience or that they fit with other contexts, as judged by the readers (Lincoln & Guba, 1985; Guba & Lincoln, 1989). Drawing on Stake's (1995) notion of *naturalistic generalization*, he stated, "Naturalistic generalizations are conclusions arrived at through personal engagement in life's affairs or by vicarious experience so well constructed that the person feels as if it happened to [them] themselves" (p. 84). These naturalistic generalizations will be embedded in the experience of the reader, whether openly verbalized or not (Stake, 1995). In qualitative inquiry, the uniqueness of the individual cases and contexts are important to understanding. Stake emphasized that an important aim in case study research is particularization, which is coming to know the particularity of the case, not generalization in the empirical sense.

Lincoln and Guba (1985) stated, "It is … *not* the naturalist's task to provide an *index* of transferability; it *is* his or her responsibility to provide the *data base* that makes transferability judgments possible on the part of potential appliers" (p. 316). In this study, I included in the text of this thesis, thick descriptions from participants, enabling others to determine if transfer to another context was a possibility. The knowledge generated from this study provides themes/patterns that may lead to a better understanding of the complexity of the relational processes inherent within international partnerships.

The next two criteria are *dependability* and *confirmability. Dependability* refers to the process of inquiry and the researcher's responsibility for ensuring that the process is traceable, logical, and documented (Schwandt, 2001). Dependability is a criterion achieved once researchers have determined the credibility of the study findings. Lincoln and Guba (1985) asserted that if a study has credibility, it also has dependability. Confirmability is concerned with ensuring that the

data and interpretations of an inquiry are not merely figments of the researcher's imagination (Schwardt, 2001). To ensure both dependability and confirmability, I developed a comprehensive audit trail that included field notes, methodological documentation, description of all methodological decisions made during the course of the study, and documentation of my thinking during the analysis phase of the study. Also, my personal account of the research process was recorded through field notes, journaling, and memos.

Standards of Scholarship

One way to enhance rigour in scholarship is to consider the scholarly work of Meleis (1996), a nurse researcher, who described how changes and current trends in society and health care have necessitated an urgent call for culturally competent care. In recent years, many global, demographic, social, and political changes have alerted health care professionals to acknowledge systematically increasing global disparity and effects on people's health (Meleis).

Meleis (1996) asserted that rigour in scholarship is broader than rigour in research. Meleis acknowledged rigour and credibility in the development of culturally competent knowledge also deserves more thoughtful attention. Meleis outlined eight criteria that could be employed by a researcher to guide the development of knowledge for culturally competent care. They include contextuality, relevance, communication styles, awareness of identity and power differentials, disclosure, reciprocation, empowerment, and time. Meleis suggested that researchers, in addition to the considerations they will employ concerning the generalizability and rigour of their research approaches, might also employ the aforementioned criteria to further establish credibility and rigor in research, especially when participating with marginalized diverse populations.

Mendias and Guevara (2001) used Meleis's eight criteria in reviewing an international educational research project. They found the criteria validated their methods and process, as well as promoted improvements in how they taught and conducted research. They suggested that Meleis's criteria might be useful for other nursing colleagues interested in reflecting and

reviewing the cultural competence of their own scholarly work. Mill and Ogilvie (2003) also used the framework developed by Meleis in a qualitative international nursing research project. Mill and Ogilvie indicated that researchers in international settings are often faced with unique challenges that must be addressed carefully to ensure that rigour is established. They found Meleis's framework was useful in maintaining standards of rigour from the onset to the completion of the research project.

To enhance the scholarship of this study, Meleis's (1996) eight criteria were used in the following manner. Meleis defines *contextuality* as awareness by the researcher of the participants' particular situation and lifestyles for developing research questions and making sense of the results. The *relevance* criterion relates to the extent that research questions and the problem area have meaning for the participants' health and healthcare from their view. This criterion mandates that the researcher substantiates throughout the research study how research questions, interpretations, and dissemination of the findings informed and influenced the community itself. Contextuality and relevance were met during the feasibility trip to Ghana. I met with the stakeholders to explain my research and ascertain the relevance of the study to them. I sought their input and support as co-researchers of the study. During the data analysis phase of the study, I shared preliminary findings and later data analysis with the Canadian and Ghanaian Management Committees for their input and validation of the findings. I also shared with them the findings, discussion, and final chapters for their feedback.

Communication refers to the extent that interpretation of the findings illustrates a critical understanding of the preferred communication styles for the participants and their communities. This also includes that the design of the study is congruent with the population's communication style. In this study, all participants spoke English so communication was not an issue. Therefore, the main design method used was individual interviews or focus group interviews with the participants. This method allowed the participants to describe in their own words their perceptions of the partnership.

Awareness of identity and power differential refers to the extent that the distance between the researcher and participants is minimized when participants have the power to refuse to participate in the research. In addition, to establish credibility in the research conducted with marginalized groups, evidence must be provided that the researcher is aware of power differentials and levels of hierarchical power. Participants in this study were recruited on a volunteer basis. To address the power imbalance, the Canadian and Ghanaian Management Committees became co-researchers in sharing their input during the data analysis phase of the study. As a result, an equitable relationship between myself and the co-researchers developed.

Meleis (1996) defines *disclosure* as having a property of secrecy amongst marginalized groups. The aim of the researcher is to reveal the marginalized groups' experiences in ways that are authentic to the researcher and understandable to the reader. This entails that the researcher is able to establish evidence of trust-building. In this study, prior to conducting all interviews, the participants were told that their involvement in the study was voluntary, and that they were free to withdraw at anytime. The participants were also told that they were free to refuse to answer questions to which they did not want to respond.

Reciprocation refers to meeting the goals of the research collaborators and participants. Sharing findings, discussion, and recommendations and seeking and responding to feedback partially meet the reciprocation criterion. A copy of the dissertation will be sent to the School of Nursing at the University of Ghana so that all participants can read it. A copy will also be placed in the Health Sciences library at the University of Alberta.

Empowerment refers to how the research process raises the consciousness of the participants and members of the research team during and following the study. Reflection that occurred during interviews and focus groups, particularly when experiences, thoughts, and insights are validated, can be an empowering experience.

Time refers to the flexibility in approach a researcher will use with the participants. Meleis (1996) described time as a multidimensional phenomenon with dimensions of, for

example, quantity, quality, fluidity, and constraints. During the data collection phase of the study, interview times with the participants were rescheduled as needed to accommodate and respect their time.

Ethical Considerations

To protect the participants who agreed to participate in this study, research ethics boards in Canada and Ghana reviewed my proposal and ethics approval was granted. Qualitative research presents unique issues to ensure participant privacy, confidentiality, protection from harm, and informed consent (Morse & Richards, 2002; Oberle, 2002; Rinaldi Carpenter, 2003). In PAR, for example, confidentiality may be a problem particularly when the findings are published (Badger, 2000; Stuart, 1998). May and Lathlean (2001) emphasized, from the outset of a study, that it is important to discuss with the participants that they may recognize their specific contribution in publications, but that their anonymity will be maintained. This means that data will not be attributed to particular persons, specific participants will not be identified without their explicit consent and, where needed, pseudonyms will be used.

In addition, conducting research in an international site raises other unique issues with respect to data collection requirements that may differ from the researcher's home institution, such as obtaining appropriate approvals from the international host site (Mill & Ogilvie, 2002; Upvall & Hashwani, 2001). Mill and Ogilvie argued that the notions of *ethical universalism* and *ethical relativism* are central issues that researchers must address when conducting research in an international setting. These notions focus "…on the question of whether ethical principles are universal across settings and cultural groups or are relative to the setting or culture" (p. 808). Mill and Ogilvie described various perspectives found in the literature concerning both of these notions. They concluded that international research using human subjects must meet two related but distinct ethical tests. They included the international ethical standards for the protection of human participants, and the ethical standards related to the institutional setting and cultural environment of the research setting. Mill and Ogilvie supported the position of ethical

universalism recommended by the World Health Organization (WHO) and the Council for the International Organizations of Medical Science (CIOMS), which considered the importance of being knowledgeable about local cultural traditions, as well as discussing contentious ethical concerns (Council for the International Organization of Medical Science, 1993).

I employed a number of measures directed towards protecting the participants of the study in Canada and Ghana, which included informed consent, anonymity, confidentiality, and protection from harm. Participants were recruited on a volunteer basis. All potential participants received a letter of invitation regarding the nature of the study (see Appendixes C & E for letters of invitation). The Project Directors at each site did not know who participated unless informed by participants themselves. The management team members at both sites, including my supervisor, were considered co-researchers in the PAR methodology and all agreed to participate. To ensure informed consent, all interview participants signed a written consent form in which the risks and benefits of the study were outlined (see Appendixes K and L for consent forms).

To ensure confidentiality, pseudonyms were used to maintain anonymity of the participants. The anonymity of each participant during the process of carrying out the inquiry was respected to the full extent possible. I used numbers to identify biographical sheets, interview tapes and transcripts. The names of the interview participants were kept separate from the data. The only ones to hear the actual audio-tapes were the transcribers who had signed confidentiality agreements and me. The audio-tapes and transcripts were stored in a locked filing cabinet. As required, all transcripts will be stored in a locked filing cabinet for five to seven years following the end of the study and then destroyed.

Case study research and PAR methodologies have as a focus an intense interest in the personal circumstances and views of the participants. Owing to the fact that sensitive data might be collected, I was cognizant of the possibility that participants might feel awkward, vulnerable or coerced. If this had occurred, I would have reviewed the option of withdrawal from the study

without penalty, and the participant would have been given the choice as to whether data already collected would be used. The issue never arose.

One of the Canadian Co-Directors for this educational partnership was also my PhD supervisor; however, no one else on my committee had extensive involvement with the project. My supervisor was interviewed as part of data collection and she then checked my ability to interview and extract relevant data and to code it using the transcript of that interview. Consent forms for participants specified what access to raw data the supervisor would have.

Reflections on the Research Process

When I decided to conduct a doctoral study that would involve collecting part of my data internationally, I was not exactly sure how the process would unfold. My previous international experiences have been as a nurse working in clinical and educational practice, or as volunteer, or tourist, but not as a researcher. In retrospect, it was during the development of my research proposal that I realized I would come *face to face* with other *challenges* that would otherwise not be present and/or alternatively be present in other ways, than if I remained in Canada to conduct my research. What follows is a personal narrative of some of my feelings and impressions during the data collection phase, primarily focused on my experiences in Ghana, with some references made to Canada. The opportunity to reflect upon my international research experiences has given me a deeper understanding and appreciation of the research process that may also provide some meaning for others who may embark on a similar journey. Also, I include some direct quotations, in italics, of my reflections taken from my personal journal kept during the data collection phase of this study.

Obtaining Research Approval and Access

From my initial feasibility trip, followed by subsequent trips to Ghana for data collection and validation, I became intensely aware that I was somehow being *transformed* by this experience. It was through my observations, journaling, and conversations with my Supervisor that I made sense of how the research process affected me. I found that in collecting data in two

countries, my country of origin and another country unfamiliar to me, that I was making constant comparisons. For example, the process for gaining access to study participants in both countries was handled differently; however, the outcome was the same. What became profoundly apparent to me was the significance of the initial *feasibility trip* to Ghana in establishing the foundation for building and facilitating future access to participants during the data collection phase of my study on subsequent trips.

My Supervisor proposed that I go to Ghana to firstly, explain my research to the key stakeholders of the project before I wrote my proposal, and to determine if they were interested in participating both as facilitators and co-researchers. Secondly, the trip would allow me to develop the necessary contacts I would need to assist me during the data collection phase of my study. Thirdly, I would become familiar with the Ghanaian context where I would be spending an extended period of time independently collecting my data. During the feasibility trip to Ghana, my Supervisor accompanied me and introduced me to the major stakeholders. Upon reflection, my initial contacts with these stakeholders were pivotal to obtaining their understanding and acceptance of my study and later, access to participants. My Supervisor was familiar with the nursing faculty in Ghana as she was working with them on the project that I was proposing to study.

The initial *face to face* contacts made in Ghana to receive their approval of my study allowed me, when I returned to Canada, to correspond via e-mail about my progress. This ability to communicate on-line facilitated the process for data collection upon my return to Ghana the second time. The stakeholders in Ghana now had a clearer understanding of my research intentions, who I was, and what I required. Conversely, I also had a clearer understanding of the Ghanaian context where I would be collecting data for my study. This familiarity with my stakeholders and the Ghanaian context allowed me to focus immediately on the priorities of my study upon my return. In turn, the Ghanaian stakeholders also kept me informed via e-mail of what was occurring in Ghana, specifically in terms of how I was to proceed in obtaining ethical

approval for my study prior to returning to collect data. As a result, I couriered the requested copies of my proposal from Canada to Ghana, which were then forwarded to the Ethical Committee of the College of Health Sciences at the University of Ghana. The ability to communicate internationally with the assistance of e-mail among me, my Supervisor, and the Ghanaian stakeholders contributed significantly toward moving my data collection phase along.

Obtaining Ethics Approval- Knowing it would happen

In May of 2004, I arrived in Ghana without written approval from the Ethics Board in Ghana to conduct my study. However, in previous correspondences with my stakeholders in Ghana, they assured me that ethics approval would be forthcoming. In Canada, the Ethics Review Board meets several times during the year; however, in Ghana, Ethical Committee of the College of Health Sciences at the University of Ghana meets less frequently. There was some urgency to go to Ghana in May, before the academic year ended, because potential participants for the study would be leaving for term break.

When I arrived in Ghana and met with the stakeholders, there was an instant connection of familiarity, *they knew who I was and I knew who they were.* They immediately met with me and asked how they could help. I asked them when I might receive ethics approval and the procedure to follow for inviting potential participants to partake in my study. The stakeholders were very accommodating, providing me with the information I needed to begin the process of inviting participants and checking into the status of my ethics approval from the Ethics Review Board. Based upon my previous international experiences, I knew, although the process and timeline would be somewhat different, eventually everything would turn out, which it did during the second week.

> *I am now able to sit and ponder and reflect upon my thoughts, feelings and observations from the past week. As I suspected, I won't commence data collection until next Monday. I know from my previous work internationally, each place has its own 'pace' and priorities. Therefore, I have tried to accommodate to their schedules. This requires*

patience and a somewhat 'laid back' approach, especially coming from my context in Canada, where we attempt to act on situations fairly quickly. I can say that because this is not my first international experience, I have been able to handle and manage that things will not always happen immediately. I prepared myself for this by giving myself at least six weeks to be in Ghana, rather than just one month, as I anticipated that there may be delays. That being said, I am relatively pleased at how smoothly most things have worked out (Personal Journal, May 12, 2004).

The above situation could potentially be a source of great frustration for a researcher. However, my perception of this situation is that the process can work well when the following elements are in place; pre-established relationships formed, knowledge of the context where the research will be conducted, access to e-mail communication, acknowledgment of the differences in timetables of an institution as well as the *time* it takes, in general, to get things done in a context with which one is unfamiliar. I think because of my prior international experiences that I was more patient with the process than I might have been otherwise.

Obtaining Participants

The process for inviting participants for my study in Ghana and Canada differed again in the procedure and the time it took; however, the end result was the same. I did have participants for my study. In Canada, the Project Director sent an e-mail to all potential participants inviting them to participate and indicating how to contact me if they were interested. When that e-mail message was sent, within hours I received numerous responses. As a result, I commenced collecting data in Canada immediately. In Ghana, the procedure had to be adapted to their context. First, e-mailing potential participants can be unreliable because of sporadic power outages and second, the preferred process was to have individual participant letters typed describing what I was proposing to do and then distributed. This process of getting the letters typed, signed, and ready for distribution went smoothly and was completed by my second week in Ghana. The next step was to distribute letters of invitation. Again, mailing the letters was

considered to be too unreliable, so each letter had to be personally delivered. Over the course of the next week, I secured a driver and another person, familiar with the city, to assist me with distributing these letters. The entire process of getting these letters delivered took another week.

> *Now the waiting can be hours and then we will go. She is fitting me into her schedule because she has a number of other things she must do in her work day. Therefore, she is making allowances for me, so I acknowledge this and wait (Personal Journal, May 12, 2004).*

Context Immersion for Understanding

In Ghana, after I conducted an interview I would later that day listen to the taped interview. The Ghanaians I interviewed all spoke English with a Ghanaian accent. However, even with this difference in accent, I had virtually no difficulty understanding what was being said, except for some outside noise on a few of the tapes. Interestingly, once I returned to Canada and reviewed the transcripts with the tapes, I found that what was so easy to understand in Ghana was now much more difficult. It was not until I returned to Ghana later that same year to review my preliminary findings with my Ghanaian stakeholders that when I listened and re-read my transcripts with the tapes, that again, I found I had minimal difficulty in understanding what was being said. I mentioned to my supervisor that I had been challenged to understand these same tapes in Canada, but now immersed in the Ghanaian culture and listening to them again posed little to no difficulty in comprehending what was being said. This *interpretation phenomenon* was something that I had never encountered before, but looking introspectively at the experience made me question if being immersed in the context where the data were being collected facilitated my understanding of what I was hearing, as well as my ability to comprehend the Ghanaian accent.

Although traveling back and forth to Ghana was tiring, and sometimes lonely, I gained a lot from the research experience. I became deeply aware of the importance of the Canadian and Ghanaian stakeholders having an *active voice* in the data analysis phase of my study. I valued so

much what they had to say. When I shared the preliminary findings with the Canadian and Ghanaian stakeholders, their perspectives greatly contributed to understanding the data collaboratively. I think by using a PAR approach to the analysis of the data, I was able to effectively acknowledge another level of critical consciousness through reflective dialogue, which was significant. Also, while interviewing the Canadian and Ghanaian participants, they appeared willing to share their experiences about the partnership too.[3] In conclusion, the experience of collecting the data and listening to both sides of this partnership in Canada and Ghana, in a participatory manner, illuminated for me the importance of the *other* side of knowing.

Overview of the Findings Chapters

Prior to focusing on Chapter Five, an overview of how the three findings Chapters (Chapters Five to Seven) are organized is presented. Analysis of data collected from field notes, review of documents, one unstructured observation, validation of preliminary data, and interviews with 31 participants (engaged in various capacities of the international educational partnership in nursing), and four focus group interviews is presented. The perceptions of the partners from the University of Alberta (UA) and the University of Ghana (UG) about this educational partnership in nursing are described. In addition, the perceptions from the four cohorts of Ghanaian MPhil students are integrated with the findings from the UA/UG faculty participants. Although the Ghanaian MPhil students had a unique perspective, as *beneficiaries* of the partnership, the themes and sub-themes that emerged from the focus group interview data supported the themes and sub-themes that emerged from interviews from other participants.

The qualitative findings are sequentially structured around three major categories, with six themes and accompanying sub-themes that emerged from the data (see Figure 1). This figure depicts the three phases of the partnership relationship between Canada and Ghana. The three

[3] Emerging also from the data was the notion of *debriefing*, which permeated through some of the UA/UG interviews. I made a decision, however, with my Supervisor that while it was an interesting theme, it was beyond the scope of this dissertation to discuss it here, in terms of how it related to the partnership being studied.

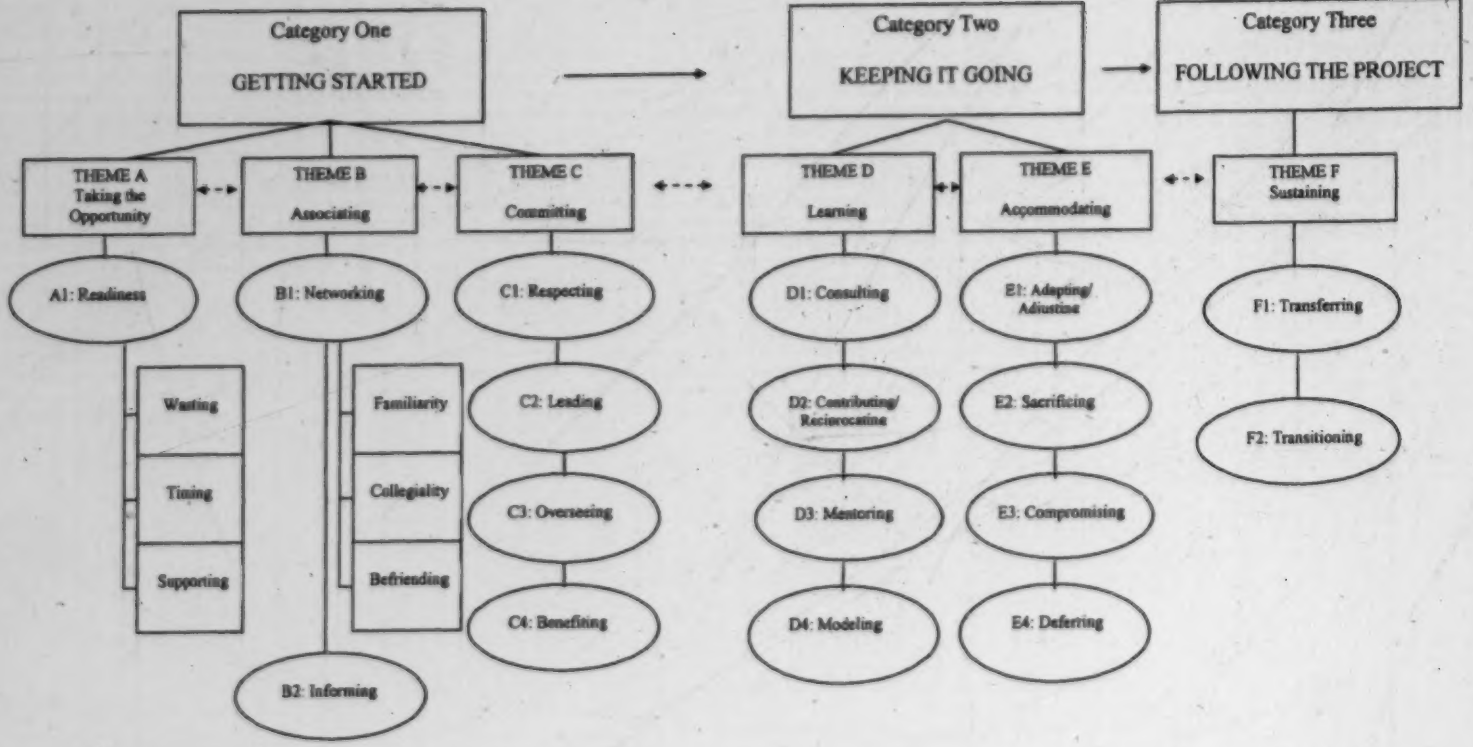


Figure 1. Partnering in a Development Project in Higher Education: Initiation of a MPhil (Nursing) Program in Ghana

major categories and accompanying six themes are Category One - **Getting Started,** with three themes: Theme A, *Taking the Opportunity;* Theme B, *Associating;* and, Theme C, *Committing;* Category Two - **Keeping it Going,** with two themes: Theme D, *Learning;* and Theme E, *Accommodating;* and, Category Three - **Following the Project,** with one theme: Theme F, *Sustaining.* The three categories provide the headings for the UA/UG participant findings chapters: **Getting Started** (Chapter Five), **Keeping it Going** (Chapter Six), and **Following the Project** (Chapter Seven). The themes and sub-themes within each category provide additional sub-headings within each chapter.

Placement order for UA/UG Findings

During the data collection phase of the study, Canadian interviews were conducted first, followed by the Ghanaian interviews. As a result, in the findings chapters, Canadian data are often presented first, followed by the Ghanaian data. Data from the UG MPhil student focus group interviews are interspersed within the Canadian/Ghanaian partnership data as related to the themes, sub-themes, and processes discussed. To assist with differentiation of quotes from the UA and UG participants, and UG MPhil students, quotes are in italics and non-bolded for the UA participants and in italics and bolded for the UG participants and UG MPhil students. Also, the participant interview number, for example, (14) and/or Focus Group interview number (FG-1) is placed in brackets following each quote to provide the reader with an idea of the breadth of participant data that was used to support the analysis when writing the findings chapter.

CHAPTER FIVE

GETTING STARTED

In this chapter focus is on the First Category, *Getting Started,* in which three themes emerged, Theme A, *Taking the Opportunity,* Theme B, *Associating,* and Theme C, *Committing* (see Figure 2). These themes illuminated the processes involved in the conception of the idea of partnering between Canada and Ghana, the continuing dialogue about how such partnering could occur, and the actual *starting up* of this particular international educational partnership after funding was received in November 1999.[4] The processes involved in *Getting Started* were critical to the partnership.

Theme A: Taking the Opportunity

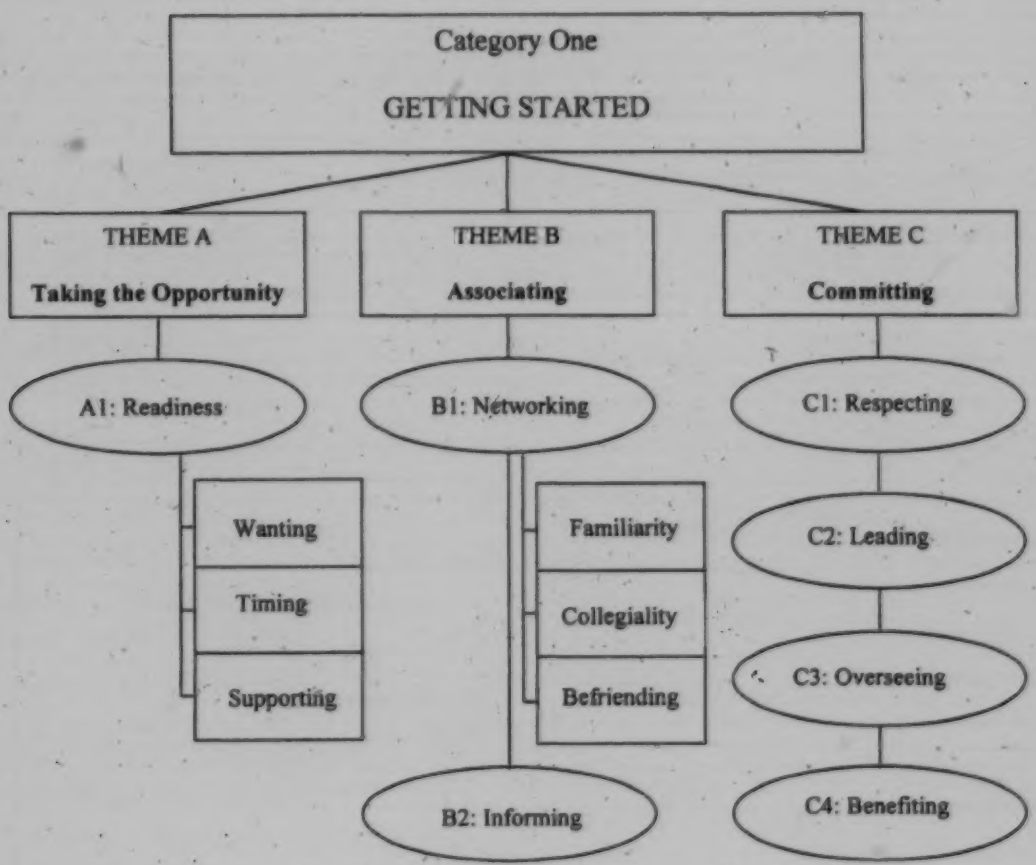
Taking the Opportunity to be involved in the development of a Master of Philosophy (Nursing) program (MPhil) at the University of Ghana was a persistent theme emerging from the data. The UA/UG participants perceived the opportunity to be involved in this partnering arrangement as worthy and significant on multiple levels; *personally, professionally, and institutionally. Readiness* emerged as the sub-theme or process with Theme A, *Taking the Opportunity.*

Sub-theme A1: Readiness

What became increasingly evident was the sub-theme of *readiness* which manifested itself in many ways and was a composite of like data labeled *wanting, timing,* and *supporting. Readiness* in this partnership referred to the UA and UG partners who had jointly reached a point

[4] It is important to note that the UG Project Director changed after the mid-term evaluation. The first UG Project Director was involved from the preparatory phase, *Getting Started,* to the implementation phase, *Keeping it Going.* She was both UG Project Director and Head of the UG School of Nursing. Mandatory retirement age for UG academic staff is sixty years of age; however, after that time UG staff can continue on contract in other capacities. Consequently, the initial UG Project Director stepped down as Head of the UG School of Nursing in 2000, but remained UG Project Director until after the external mid-term evaluation in 2002 when one of her successors assumed the role of UG Project Director. In Canada, there was one Project Director until the completion of the mid-term evaluation at the end of 2002. In January of 2003 a member of the Management Committee became a UA co-director and worked alongside the first UA Project Director to the end of the project

Figure 2. Getting Started is the first phase of the partnering between Canada and Ghana.



in their development as faculties which prepared them for *taking the opportunity* to participate in an international partnership. Readiness was apparent at the university, faculty/school, and individual levels. The University of Alberta International (UAI) Department (2007) had articulated the importance for institutions of higher learning to engage with the global community in developing high quality international research, teaching, and development projects, thus increasing the UA's international profile. One UA participant commented: *"When our current President came, in his first term, he had as some of his strategic initiatives, [ideas] to internationalize the university" (13).* Correspondingly, the UG Department of International Programs (2004) adopted a similar perspective of promoting international exchanges for enriching and advancing the UG's vision as a worldly-wise institution. As one UG participant noted: ***"The University was encouraging such linkages" (28).*** The universities' internationalization processes promote and mandate the facilitation of university members to form global linkages with other colleagues for the broadening and enhancement of the universities' worldviews.

One UA participant explained the importance for nursing to view internationalization as looking beyond ourselves for the betterment of the world on a global scale:

> *I do believe in globalization. I feel that we have so much to learn. I feel that internationalization activity and I use the word broadly is the way to peace in the world. We're not all about peace, but we are about strengthening nursing. (16)*

Likewise, another UA participant commented on the beginning interest of the UA faculty regarding internationalization: *"This was an opportunity for some action behind what people had wanted to do and talked about" (17).*

The UA Faculty of Nursing revealed a *readiness* to participate in an international partnership paralleling the overall UA's mandate of promoting internationalization with other educational institutions. Therefore, in 1998, and keeping with the goals of the University's International Office, the UA Faculty of Nursing established the International Nursing Office (INO) to generate an environment for international nursing initiatives. One UA participant stated:

"We had a faculty retreat that focused on internationalization. Then we hired (Name) to focus again more on internationalization" (13). As a result, the UA Faculty developed formal linkages with other universities outside of Canada. From these beginning initiatives, one UA participant added: *"I think the strength has been that our faculty was ready to do it. A lot of internationalization activity had occurred in previous years here that had generated more interest in international [activities]" (01).* Along with the promotion for internationalization at the UA, there were enough interested faculty members ready to participate in an international development project. One UA participant emphasized: *"I think there was enough of a core of faculty members who were interested, as well, you need quote the 'champion', as you 'can't work in isolation', and so there were enough people to actually move this forward" (06).*

On a *professional* level; as one UA participant noted, this was the first grant of this kind for the faculty, so it provided an opportunity to experience and learn how to manage such a grant. Another UA participant suggested:

> *It's a very useful beginning partnership. It's useful in many ways, as it gives the UA Faculty of Nursing a chance of seeing in the developing cultural context how nursing problems and challenges, etcetera have to be met and how the University can contribute, and it also gives them a chance to re-examine their own program. (09)*

On a *personal* level, while numerous UA nursing faculty members had expressed an interest in being involved with an international project, many had never participated in one. Consequently, they perceived this project as an opportunity to become involved. UA participants who had retired from the university perceived this international project as a learning opportunity as well as a way to continue to contribute educationally. One UA participant stated:

> *We have had Professor Emeriti who went, so all sorts of people have really sort of seen this as a wonderful opportunity to go and contribute and also to learn. I think it's just been a marvelous opportunity. I love every minute when I'm there; I must admit. (04)*

Another UA participant expressed:

> *I always thought I'd be interested in going to Africa and while I've traveled a lot, I have never been to Africa and I thought, well that would be interesting. I could see that there were lots of really positive things about the project and from the work I had done before in Community Health, I think this sounds like something I'd like to be involved in. (08)*

In addition, many UA nursing faculty members with previous international experience readily volunteered to participate. One UA participant gave her impression of taking the opportunity to be involved and how other faculty members chose to participate:

> *It seems to me to be a lot of the people who worked on this project were the people who you'd predict ahead of time that would work on this project. So those of us who were, I mean, I really wasn't involved in it, quite honestly, just a bit, but I've always wanted to be involved in a project like this. I've managed to do what I could. When you look at the people who were heavily involved, those are people that were pre-inclined to do that kind of work. So maybe that's the strength. Why should we force internationalization on people who are not inclined? (03)*

In Ghana, the UG School of Nursing's program was *ready* to establish an international institutional linkage because it was confronting a critical human resource crisis. In the early 1990's, UA had been approached to assist with developing a MPhil program in Ghana. As one UA participant recalled:

> *I believe (Name) was contacted to get her opinion on the right time and the right person who should be the Director in Ghana to start the project because by the '90s the University of Ghana was ready and wanting to start an MPhil program. (05)*

The significance of internationalization was becoming more apparent, as UG participants commented: ***"I think it has been a good thing that it has happened to us, because this MPhil thing has been on the agenda for years" (20). "It was something that everybody knew, this is where we should have been yesterday and this is an opportunity, let's go for it" (31).*** Another UG participant stated: ***"There was the recognition that the School of Nursing also needs to build its capacity in terms of getting the appropriate numbers and appropriately-trained lecturers to run the program that it's offering" (26).*** For example, the number of qualified faculty members at the UG School of Nursing was declining through normal faculty attrition such as retirement. Nurse migration opportunities made attraction and retention of younger faculty members difficult. A UG participant explained: ***"To be honest we are understaffed, we do not have [enough] faculty members" (30).*** Another UG participant voiced: ***"The challenges concerning the Nursing Faculty are because it is an aging Department . . . so***

how do you get the faculty here to teach and supervise students and teach some of the courses?" (22). Some UG participants spoke about nurses taking positions outside of Ghana noting: ***"there is a certain global movement of nurses" (23).*** Other UG participants remarked that sending nurses outside of the country to further their graduate education resulted in many of them not returning, worsening the existing *brain drain* from Ghana:

> ***I think we have more or less saved some of our human resources [lost] in sending people outside, who may not return, because we know that the brain drain is so extensive in developing countries. [The MPhil] is a way of retaining our nurses especially the highly qualified nurses. It's a way of curtailing brain drain, because if you send people outside, I don't think you can get all of them coming back, especially when they are young. (20)***

It was clear in the focus group interviews that some MPhil students did not clearly understand the primary purpose for the UG School of Nursing and UA Faculty of Nursing partnership. The longer the students had been in the program, the more in-depth understanding they appeared to have of the intent of the project. As one MPhil participant noted:

> ***I understand in this partnership the need for the UG School of Nursing to have lecturers who can sustain the program. I realize the lecturers who are here are getting older and so this program was to help generate more lecturers. (FG 1)***

Wanting

Emerging from the data relating to the sub-theme *readiness* was the process of *wanting*. *Wanting* in this partnership referred to a long-standing desire of the UG School of Nursing to have their own Masters program for nursing in Ghana, and for the UA Faculty of Nursing to participate in an international educational partnership. For several years the UG School of Nursing *wanted* to establish an international linkage, particularly in a specific project of this kind where the focus was on the development of a Masters in Nursing program in Ghana. A Diploma in Nursing Education was established at UG in 1963, followed by the Bachelor of Nursing programs (BA/BSc) in 1980 and it was just a matter of time before discussions focused on the eventual development of a Masters program for nurses. As one UG participant commented:

> ***After the first degree, the University requirement for somebody to be a lecturer is a MPhil degree. However, it's difficult even to get sponsorships in foreign countries [to***

> ***obtain an MPhil degree], so it was a problem that we wanted to solve, to have an MPhil program established locally. (20)***

From the UA perspective: *"The Masters program had been a dream, or at least as I understand it, of the Department. They had done some initial work on the program and had it approved, but could not of course implement it" (04).* Another UA participant added: *"From the Ghana side, the fact that they strongly wanted this program, it was an issue, not a problem, but a new program that they wanted, that was identified by them, so I think that's a strength and certainly helped to facilitate the success of the project" (05).* From the internationalization activities in the UA Faculty of Nursing, this partnership opportunity looked appealing. As a UA participant stated: *"The end result was that we decided we should really do something with assisting Ghana in some way to carry on because we wanted an educational program in development" (06).* Another UA participated emphasized:

> *I think it was very interesting that the idea that you build a Masters program elsewhere, not build the program here [in Canada] was symptomatic of the kind of relationship - that it was a genuine capacity-building exercise, that the design was built around. I mean it was modeled on a lot of things here, but actually situated in the Ghana. I think that's really, that was very important and a significant element. (07)*

A UG participant in the public sector noted: ***"It was clear both sides wanted to get a masters degree [started] set-up and functioning" (29).*** It was also clear that the project would contribute to goals important at both partner institutions.

Lack of funding to initiate a new program and lack of expertise in graduate education and research were the primary barriers. As UG participants stated:

> ***In a developing country like ours where maybe the economy may not be all that stable, such partnerships really help in capacity building. It also assists us in [establishing] certain programs that if we would have to do it alone, would never 'take off' because funding is a problem. Therefore sending people outside [of Ghana] would mean that it would have an effect on our economy, and we have a fragile economy. (20)***

> ***The strength of the partnership for me can be summed up in this short statement 'that two heads are better than one'. There is a great need for staff development in this faculty and there was no way that this could have been done by them alone, because you can have an intention, I want to do something; but if you don't have the 'know-how' you can never do it. It took, I think the ability for us to recognize where [we can] get the 'know-how'. (26)***

Timing

Timing emerged within the sub-theme of *readiness as* the UA Faculty of Nursing and UG School of Nursing were now ready to participate in internationalization activities, and wanted to engage in a specific international development project of this kind. *Timing* referred to how the UG School of Nursing was ready and looking for an amenable solution to resolve their impending human resource shortages by partnering with the UA Faculty of Nursing who at this time possessed expertise in graduate education. When the opportunity arose for these two institutions to partner, the *timing* was suitable for both of them. One UG participant stated: ***"so this program has come at the right time where the [Nursing] department can train their own people and then retain them" (21).*** Others perceived this partnership as an opportunity for nurses in Ghana to be finally recognized for possessing a higher level of nursing knowledge:

> ***It's a laudable idea and then it's the Third World approach because being left alone to ourselves, it would not have been easy for us to start a program especially a Masters of Philosophy in Nursing. We never had a Masters in Nursing, so to have a Masters of Philosophy was welcomed by every nurse in Ghana. A lot of nurses jumped up and said 'wow' the time has come for nurses to be recognized through some of this and higher education. (21)***

Part of the UG Vision 2010 was to have graduate programs in every department, so the timing of this partnering arrangement was willingly supported by the UG administration. A UG participant commented: ***"The University felt we should have graduate programs, even to the PhD level so I must say that they were all supportive" (28).***

Although faculty members at the UG School of Nursing acknowledged the urgency of educating nurses at a Masters level, they had to convince others at UG and in the public sector of the necessity and importance for moving in that direction. Some people perceived that nurses did not require graduate education. For example, one UG participant said:

> ***Well we have nursing training colleges already and we have people who are trained as diploma holders, so why now have MPhil holders to teach degree nursing. . . . People thought it was superfluous, so getting the people in Ghana even to agree to move forward [in terms of] graduate nursing education was a problem so maybe that may have explained why it has taken some time to get everybody on board. (22)***

Others outside of the UG School of Nursing were unaware of the UG nursing faculty shortcomings until they were informed. One UG participant asserted: ***"The nursing department in my view was very understaffed" (27).*** In the past, finances had been found for a few nurses to receive graduate education outside the country, but many of these nurses did not return to Ghana. What made this particular partnering arrangement appealing in Ghana was that the Masters program would be developed *locally*. One UG participant asserted:

> ***The problem is we don't have the staff because if they are sent outside to train [many] never return. The few that are there [UG School of Nursing], are retiring and most of them are approaching their retiring age. I feel if we have an 'in-country' program like this, even if some of them leave, we'll get some, and it will be an ongoing thing. At least if we are able to produce two a year, we are sure of getting staff. (28)***

There was recognition that the UG School of Nursing needed additional expertise in graduate education if an MPhil program was to be established. As one UG participant noted: ***"It would have been difficult to get it going, because the expertise was unavailable locally" (31).*** Once it was understood in Ghana that funding had been secured and that UA nursing faculty had expertise in graduate education, the UG and the Ministry of Health became more interested in and supportive of the partnership. One UA participant clarified: *"We brought money because of the grant, but we also had some expertise in graduate education. The expertise of the Ghanaian side came from our Ghanaian partners who themselves were experienced educators [at the university]" (01).* In terms of the timing of the partnership, one UG participant commented:

> ***In fact, I deem it, even as a blessing because this was something we have been investing in by sending people outside this country to be educated. We always thought that it would be a good idea to have a masters program here, but we did not have the right environment, or the right people and system (to start such a program). So people thought this was not the time, so when it came, it was like, 'wow' maybe God has listened to our prayers. (31)***

Acknowledging the importance of partnering with an academic institution like UA with expertise in nursing graduate education, another UG participant emphasized: ***"I thought that if the nursing department was going to move forward then it was useful for them to link up with an institution in Canada that has for many years [managed] a program in graduate nursing" (27).***

Most MPhil students acknowledged the importance for partnering with another institution with expertise in delivering graduate education. As one MPhil student commented: ***"They cannot do it on their own [UG School of Nursing] so they have asked people [UA Faculty of Nursing] who are already versed in this program" (FG-2).***

Supporting

Emerging from within the data relating to the sub-theme *taking the opportunity* was the process of *supporting. Supporting* in this partnership referred to the myriad of personal, professional, and institutional contributions garnered for the project. The UA and UG expressed a willingness and openness to *support* this development project. Support was evident in the formative stages of the partnership and gathered momentum as the project proceeded. It incorporated both support within the UA Faculty of Nursing and UG School of Nursing, and within the public sector. As one UA participant stated:

> *I think the support 'in country' from the other partners such as the Ministry of Health and Education and how they worked with the University [is important]. From the University [UG], you've got to get people on side at a senior level which has clearly happened with this right from the beginning. (18)*

The UA openly supported the project. As one UA participant noted: *"We got a lot of public press from the university through the President's office" (16).* Support for the partnership manifested itself in a number of ways involving UA/UG faculty, their institutions, and the public sector. Some UA participants thought that everyone appeared to support the project on some level; however, there was acknowledgment that support may have wavered during various phases of the project. As one UA participant reflected:

> *I don't think that we've had problems in terms of people supporting that we should be in Ghana. I think there may be faculty who think that we shouldn't be there, but I think that they are not a large contingent, and it really hasn't caused a problem. (01)*

There was a perception that having faculty participate in the partnership for an extended period of time could affect other programs within the institutions. As one UA participant described:

> *I don't think this is specific to nursing or anything, but it cannot be perceived as being a drain on everything else, that is, the institution or faculty, or whatever, it's trying to*

> *accomplish. So it has to be supportive, but it also has to respect what else needs to be done in a faculty. (06)*

Others perceived that the expense of this educational partnership contributed to a lack of support, at times, from the UA Faculty of Nursing Administration. As one UA participant suggested: *"It was difficult because it was so costly having this partnership. I mean the monies that we got from the grant never, you know, ever met our expenses in terms of time and commitment" (16).* Another UA participant suggested *"the students in the classroom in the [UA] Faculty of Nursing, who also pay tuition, expect to have access to the top level researchers and they're not here. They're teaching a course in Ghana, so that's one dilemma" (18).* UG participants expressed concern about how other nursing programs in the School would be managed: ***"We are few here and we are burdened with work, especially for Undergraduates, so I wonder how they cope to see their [MPhil] graduates through too" (24).***

There was a perception that some UA faculty members questioned the value of involvement in development projects. As one UA participant relayed:

> *So being involved with a development project, they see as something - it's not pure research, so why are we spending time doing it. . . . I think if there were a way to get everyone on board that might be something that would be useful to ensuring the success, because it really helps them support the faculty who are directly involved. Not everyone needs to be going to Ghana to teach, but if you have the support from those around you it can really help you overcome the challenges and get done what needs to be done. (05)*

Initially the Canadian/Ghanaian partnership *supported the idea of partnering* for establishing a MPhil (Nursing) program *locally* in Ghana. One UA participant stated: *"I liked the idea at the beginning that we were going to be helping create nurse academics" (03).* [5] The MPhil students described the value of having the opportunity of being educated locally rather than being educated in another country. In the past the Ghanaian government would

[5] Historically, the UG School of Nursing approached the UA Faculty of Nursing in the early 1990's about the idea of partnering to establish a Masters graduate program in Ghana. At this time, there was support for the idea of an educational partnership from key interested UA/UG nursing faculty members. However, two UA nursing faculty members with international experience were completing PhD's, so a decision was made to wait until they returned to their duties. In the mid 1990's, the idea of establishing a Masters graduate program at UG in partnership with UA was revisited.

only sponsor one person to be educated outside Ghana. One MPhil student commented:

> ***If the Ghanaian government were to sponsor, maybe only one person would have benefited from this program. Only one person might have qualified to maybe obtain a scholarship to go and study abroad because of the high cost involved. But when the program came into this country, I think a lot of people are benefiting from this locally-trained program (FG-2).***

The opportunity to establish an educational project between the two universities hinged primarily on accessing adequate funding. The UA Faculty of Nursing obtained financial support at UA to bring a UG nursing faculty member to Canada, to work collaboratively on a grant proposal. Both UA and UG administrators beyond the Faculty/School level supported the application for funding. The support from other university faculties and the public sector in Ghana became increasingly important as the project evolved, as such support directly relates to the sustainability of the MPhil (Nursing) program. From the outset, UA/UG partners openly voiced the contributions they could comfortably provide to support the project. As one UG participant noted:

> ***During the first visit, what the University of Ghana would be able to offer as the project was concerned were laid on the table. At least we contributed about 24 to 28 percent of the resources that are needed for this project to start, so that it wouldn't be one sided. So our strength as an institution was assessed, because in the first year, if we only depended on one side – Canada to give without us contributing anything, there would not be any sustainability when the project came to an end. (30)***

The UA International Unit supported the nursing partners. As one UA participant suggested: *"We were very involved in the design, helped support and present the proposal. All proposals [of this kind] coming to the University go through this office to be signed by the Vice-President and the Provost" (07).* [6]

AUCC, the CIDA Project Support Unit in Ghana, and CIDA development officers at the Canadian High Commission in Ghana maintained a strong interest and supportive role while the project unfolded. One UA participant articulated the supportive role of the UA International Unit:

[6] UA/UG partners collaborated on the grant proposal submitted to the Association of Universities and Colleges of Canada (AUCC) for funding through the Canadian International Development Agency (CIDA) Tier 2 program. This first grant proposal submission was unsuccessful; however a decision was made to revise the proposal for resubmission. The second grant proposal submission was successful and $750.000 was secured.

"They've certainly had support from us in terms of, if nothing else, moral support and talking about it as an excellent project both within CIDA and within the university community" (07).

Another UA participant commented on the supportive role CIDA assumed:

> *I think (CIDA) has been outstanding and very supportive all along. I mean they were also extremely supportive once we were in Ghana. I think that has been one of the elements that without their support, none of this would have got off the ground. (15)*

Once funding was approved for the project, other forms of support were forthcoming. Many UA faculty volunteered to billet UG MPhil students in their homes while they completed their six week research practicum at UA. One UA participant explained: *"We even spread ourselves out a bit more and included some of those faculty members who didn't have the opportunity to go to Ghana, but who were quite happy to take Ghanaian students" (13).* Other UA faculty members supported the project by entertaining UG visiting faculty and students. For example, some had them over for meals or took them shopping, while others took them on sightseeing excursions within Edmonton and elsewhere in Alberta. One UA participant noted: *"We always take the students to the mountains and to Drumheller and so again the people that haven't gone to Ghana; they helped a little bit with that aspect" (13).* Equally, the UG School of Nursing also welcomed and supported visiting UA faculty and students. For example, they would have them over for meals, bring food to their housing units, and provide opportunities for sightseeing. One UG participant stated:

> ***We provided I would say even opportunities for networking for [UG] faculty members and faculty members from Alberta. I know we met with (Name) and the rest [UG faculty members] in the village somewhere in the eastern region when they attended one of my staff's installations as a Queen Mother, so all of these are social opportunities. (31)***

Professionally, the UA Faculty of Nursing supported the project by donating material resources - books, journals and computers - to enhance the UG School of Nursing resources. One participant described:

> *I think that there has been a fair amount of enthusiasm and energy [for the project]. As well, a lot of books have been donated by not just faculty at U of A. There have been donations through the U of A library too. (01)*

According to one UA participant, the UA Faculty of Nursing administration supported the release of faculty who had volunteered to participate in teaching in Ghana, as long as it fit within their schedules, commenting:

> *Faculty has stepped up. I think that shows you something about the character of the faculty that's here. Because it's not just an idle, you know, sauntering off into another paradise. This is a serious undertaking and for some who've never been abroad, I think that's a major step and others who may have been abroad, but never to Africa, recognizing [this] and taking the challenge. (06)*

The UA co-directors of the project briefed UA faculty about what to expect when they arrived in Ghana in terms of living conditions, the university system, and contacts within the UG School of Nursing. One UA participant commented: *"I started getting ready to go and the co-director was incredibly supportive in helping. She walked us all through what was going to happen when we got there [Ghana], and when in London, and all the rest of it" (08).* Some UA participants attended a briefing session about Ghana, offered by the Canadian Foreign Service Institute (Centre for Intercultural Learning) done through an agreement with CIDA to provide training to its partners and executing agencies. They thought that this prior introduction was useful for preparing them to go overseas to Ghana. A UA participant noted:

> *I did go to Toronto and to the CIDA preparation thing, which was very good, I mean I think (Name) and I first thought, 'well, do we really need to do this. . . .We met someone from Ghana and it was quite appropriate actually, and we were very pleased we had gone in the end. (08)*

Similarly, another UA participant spoke about how attending this briefing session in Canada helped prepare her for the culture shock that she experienced when she arrived in Ghana:

> *I think it helped me to be much more tolerant of what I found and not to be too critical of the way they operate. I mean that's the last thing they want is for us to be imposing our values on them and trying to sort them out. . . . I mean this orientation was very good, but I didn't realize that I was going to be as impressed with them as people. I was not prepared for the level of pollution, the smell, and the disgusting smells everywhere. I think I could probably rewrite that orientation program. (15)*

Another UA participant, reflecting upon her personal experience, thought that the briefing session was not all that meaningful, until after she had gone to Ghana:

> *I can only speak from my interaction. Although in the CIDA project, you're given a workshop to try and culturally acclimatize you and prepare you for that interaction. Nothing, I'm not sure anything would. I think anything other than actual experience with it and a commitment to try and overcome cultural barriers and trying to do it, to actually achieve it. (10)*

Other departments within UA, and other associations outside UA, supported the project. For example, the Ghanaian Friendship Association in Edmonton donated monies for the project. As well, one UA participant noted: *"We've had the Ghanaian Consul, for the first few years of the project actually gave complimentary visas to faculty members going to teach in Ghana" (01).*

The UG School of Nursing was supportive in getting the project started. They provided material supplies and human resources for the project. The grant specifically explicated how the monies could be spent as one UG participant clarified: ***"The project says that CIDA would provide certain things and the University should provide certain things; this is a major decision, and it affected the beginning, and it has affected the project throughout" (28).*** The UG School of Nursing Project Directors adhered to the expenditure parameters of the grant. The UG School of Nursing faculty strategically sought furniture, university housing for UG MPhil students, and secretarial personnel essential for getting the project started.

UG provided other forms of support. For example, accommodation expenses for visiting UA Nursing faculty who spent extended periods of time in Ghana were reduced. As one UG participant explained: ***"We made accommodation arrangements for them [UA faculty members], and at that time we talked it over with the Manageress here and the Pro-Vice Chancellor and they gave a rebate" (28).*** This allowed more money to be spent on other needs of the project.

During the planning phase of the project, an international clinical placement in Ghana was initiated for UA undergraduate students. In support of the experience, one UG participant remarked: ***"I think exchange visits are important because we give people an opportunity to experience other cultures. We do things in different ways and it gives us the opportunity to***

develop some discipline that we would otherwise not have" (27). Three UA graduate students received assistance to conduct graduate research or experience clinical practice in Ghana.

One of the *structural* supports for this international educational partnership, developed during the planning phase of the project, was the formation of Management and Advisory Committees at UA and UG. The Management Committee membership consisted of Nursing Faculty responsible for the *day to day* management of the project. The Advisory Committee membership was comprised of individuals with specialized knowledge about international development projects, individuals affiliated with other university departments, or others situated in the public sector that would be affected by the ongoing developments within this international project. The primary role of the UA/UG Advisory Committees was in an advisory capacity for the UA/UG Management Committees. One UA participant commented that an Advisory Committee brings:

> *A different range of voices and I think people see things from different, through different principles. I think that's an important element in terms of an evolution of the project too. . . .I think it's important to situate the project in the broader policy arena. (07)*

In addition to their advisory roles, committee members assumed supportive roles for the project. While UA Advisory Committee members supported the project, they were not as actively involved as their UG counterparts. One UA participant emphasized: *"We must have Advisory Committees whether we want to or not, but ours has been more perfunctory" (04).* Similarly, another UA participant agreed: *"The Advisory Committee here [UA], I don't think it's been a key factor in anything, but it's been a vehicle to be sure we get information transmitted in terms of what we're doing" (06).* The majority of UA/UG participants thought that the UG Advisory Committee was much more involved, and very supportive of the project. The UA/UG Advisory Committee members attributed the variation in involvement to how the project was structured, with the actual implementation of the MPhil program situated primarily in Ghana. One UA participant expressed:

> *I think the Advisory Committee in Ghana was very important and I saw that for myself. I mean, that was the way to alert them to what was needed by the nursing faculty. And without that, I don't think they would have succeeded as well as they did because that really garnered enormous support. It was really wonderful to see that it was great. It was one of the most positive memories that I have from being there just watching this develop and unfold. (06)*

Another UA participant observed that support from the UG Advisory Committee was critical to the ongoing momentum of the project because the UG School of Nursing was so short staffed: *"I think that without the support given by the University and the Ministry of Health it would have been hard for the project to succeed because there are so few faculty members in Nursing" (01).* One UG participant added: ***"we used to have an Advisory Board Meeting at least every semester, once every semester usually, we used them and they actually brought in certain benefits to the project" (30).*** At the beginning of the project, the UG School of Nursing directly approached the UG Advisory Committee when requesting resources for the project. One UA participant commented on the perceived forthcoming support provided by the UG Advisory Committee:

> *I think in Ghana the strengths have been that the Department and the University really wanted it and that the Ministry of Health has been really supportive, so some of the things that we wouldn't have expected would be things like the Advisory Committee there. The Dean sort of saying, 'I think we can get you some more furniture to set up, you know, we can get an Administrative Assistant for the program, and then coming through with it. (01)*

The UG Advisory Committee was constantly aware of the continuing requirements of the project and willingly supported the project by providing both material and non-material resources. One UG participant spoke about the Advisory Committee role:

> ***Being part of the Board also offers several skills and knowledge [we can provide] to the Faculty. There are certain things the Faculty does not necessarily know exist, but because we want things to progress, we tell them 'do this and you may be able to access this or that'. So we have also provided them with quite a good resource on the non-material side as well. (31)***

For example, as part of their program, the MPhil students spent six weeks in Canada conducting their literature search for their graduate research. For the first cohort of MPhil students, the grant covered the entire cost for them to travel to Canada. For the second cohort, the MOH in Ghana provided most of the funding. For the third and fourth cohorts the costs were shared, with the

MOH covering the costs for the MOH employees and the grant covering the costs for the other students. One UG Advisory Committee member stated:

> ***We provided funding for participants in the program, that's the students in the program. One their salaries were paid while they were in school, so they had a paid leave of absence. . . .We provided support for their books while in the program to support them to do their research for their dissertation. We also provided some support for some of the groups to travel to Alberta to do their literature research. (31)***

The UG Advisory Committee continued to provide substantial support in granting other material resources. For example, at the beginning of the project, it was brought to the attention of the UG Advisory Committee that the MPhil students had difficulty finding housing on the UG campus. One UG Advisory Committee member noted:

> ***After I saw the plight of the program of the Department of Nursing, the School, I then decided that I was going to allocate some rooms to them, and as much as possible, I tried, because there were only six students at that time. As much as possible I tried to provide accommodation for all of them. (27)***

Provision was made to hold these rooms for the MPhil students while they were completing their six week practicum in Canada.

Theme B: Associating

Associating was a persistent theme emerging from the data and refers to ways of connecting and relating between and amongst the participants in the project. *Networking* and *informing* emerged as the sub-themes or processes within Theme B, *Associating*. Throughout the data, the UA/UG participants perceived the importance of *past personal and professional associating* that became the foundational roots for developing into *other ways of relating*. Some of these past associations significantly influenced the development of the preparatory phase for *getting the project started*, as well as affected the implementation and outcome of the project. Where the participants were situated, length of time involved, and the role(s) they assumed in the project determined the kind of associations they made. These issues created variations in the depth and meaning of relating between and amongst the partners.

Sub-theme B1: Networking

The sub-theme of *networking* with a further breakdown into clusters of like data labeled *familiarity, collegiality,* and *befriending* emerged from the data. *Networking* referred to Canadian and Ghanaian nurses who, prior to the formalization of the UA/UG project, had established long-standing associations for professional and social purposes. There was a historical connection between Canadian and Ghanaian nurses through international development work and professional educational associations that spanned four decades. One UA participant noted: *"I knew that there was first, the Canadian connection between the University of Ghana and Canada and then over time with the University of Alberta" (05).* One UA participant explained that *"there has always been a link clearly with Canada and not necessarily with this institution" (18).* Canadian nurses were involved in setting up the first nursing program at the University of Ghana. Another UA participant added: *"The connection didn't just happen suddenly, it was deep, and the roots of it were way back about 28 years ago or so" (12).* A UG participant stated:

> ***My impression of most of these partnership projects are that they developed out of a personal relationship. Somebody from Ghana was in Canada or they met at a conference or workshop. I think (Name) was studying at UA and it developed from there. They sort of go from that personal relationship into 'Well what can we do together as a faculty?' and then into 'Okay what kind of institutional partnership could we develop?' In big universities like UG and UA, they probably don't get any bigger than the faculty itself. It doesn't become a full institutional linkage partnership. (29)***

Some UA faculty had previously made professional associations with Ghanaian nurses while carrying out international development work in Ghana. As one UA participant noted: *"Two of our retired faculty members had worked in Ghana in the past" (01).*

In addition, the UA Faculty of Nursing and UG School of Nursing had previously established a number of *longstanding professional to professional networks* among certain faculty members. One UA participant stated: *"It evolved from networks of people at the University of Ghana knowing people at the University of Alberta" (01).* In the past, some UG School of Nursing faculty had come to Canada to obtain their undergraduate or graduate nursing education. As one UG participant commented: ***"I've been to Edmonton when I was doing my BN, in the***

seventies, at McGill" (28). It was during that time, while students at the same universities, that these UG faculty members made professional associations with UA faculty. Over time, these UA/UG professional associations evolved into a *network* of colleagues. One UA participant described how a UG faculty member contacted a Canadian colleague, with the intention of using this previously known network connection, to explore the possibility of developing a graduate nursing program in Ghana:

> *Professor Akiwumi had wanted a partnership with the University of Alberta. When she was doing her Masters at the Teachers College, Columbia University in the USA, she had contacted us to see if she could come. . . . She had wanted to come and spend the summer here, and even when she couldn't, she always kept in touch with the [UA] faculty. She and I were classmates at McGill, so we knew each other. I was Coordinator of the [UA] undergraduate program at that time and it was just after I finished my Masters so it would be about 1970, 68, 70, somewhere in that period. So there has been interest in the U of A on the part of the University of Ghana from one of their senior faculty for many years. (11)*

As well, a UG participant conveyed how a former UG faculty member had contacted the UA about establishing an MPhil nursing program: ***"I think there had been earlier contact by (Name) with the University of Alberta and I think because of that they even sent somebody over" (20).***

In the late 1990's, during the preparatory phase of the project, a Ghanaian nurse who did her post-basic degree in Nursing at UG completed a Masters degree in Nursing at UA. This student chose the UA MN program because of a former professional association with a Canadian UA faculty member with whom she had worked in Ghana. One UA participant noted: *"(Name) was a colleague and nursed in Ghana with one of our Sessionals . . . so there's been a longstanding relationship" (04).* This Ghanaian MN student became a UG faculty member after her return to Ghana and collaborated in the planning of the MPhil nursing program. According to one UA participant: *"Having (Ghanaian MN student) doing her Masters Degree here I think, was instrumental in solidifying that kind of connection" (05).* Existing professional associations became strong purposeful relationships. One UA participant commented on the importance of the networking relationship with UG: *"Our overall longstanding relationship with Ghana makes a big difference too. It's not as if we had chosen a country out of the blue and we didn't know*

anything about it, and we had no former relationship, which we certainly did with (Name) having been there" (06). One UG participant shared the same perception as the UA nurses about the significance of these former network associations: ***"It's not something that was cooked up somewhere and then made into something" (20).***

Familiarity

Emerging from within the data relating to the sub-theme *networking* was the process of *familiarity*. *Familiarity* referred to possessing prior knowledge of the Canadian/Ghanaian contexts on a personal/professional basis, which fostered a level of increased understanding between the UA/UG partners. On a *personal* level, *familiarity* with the Canadian and Ghanaian contexts emerged as helpful in getting the project started. The majority of the UG Nursing Faculty had prior familiarity with the Canadian cultural context and academic infrastructure of the university-level nursing programs since they had previously pursued undergraduate or graduate education in Canada. One UA participant suggested: *"The fact that (Name) has just finished her Masters here, too, meant that she was very aware of our program and she had good contacts here already" (11).* In addition, while some UG faculty did not pursue postsecondary education in Canada, they had previous international educational experience outside Ghana. As result, they also possessed some familiarity with the infrastructure of North American university programs. One UG participant explained how previous exposure to the infrastructure of a North American university level program was helpful:

> ***As an exchange student at (Name of an American) University, I still keep my links with them. At least with that [previous] exposure it has helped me to understand some of these things like having one group at the other side [UA] and one group at this end [UG]. I think that also helped me to understand the teaching methodology [being used], because in the [UG] Undergraduate Program we deal with numbers and a little exposure would let you know that it is not direct lecturing in the MPhil [program] as the[teaching] environment is a flexible one and more depends on the student. The [faculty members] are there to direct. (20)***

Initially, development of the grant proposal occurred primarily in Canada with input from both partners. The UG nursing faculty members involved in this process were those already

possessing some familiarity and understanding of the Canadian cultural context and academic structure:

> ***(Name) was at the airport to meet me. She even brought me some boots and a winter coat, but luckily I had some boots and a winter coat. It was sudden so I didn't have winter dresses but I had lived in Canada for four years and so I knew how to use our Ghanaian attire in winter. (28)***

The UA Nursing Faculty who worked on the grant proposal had prior international nursing experience and past network connections with UG faculty, but no actual work experience in the Ghanaian context. Consequently, they possessed some network familiarity with their Ghanaian counterparts. They were less familiar with the infrastructure of the UG School of Nursing. One UA participant stated: *"Certainly the Ghanaians came here and had the opportunity to see how our faculty runs and understood the structure in terms of the advanced degree program" (10).* Similarly, another UA participant suggested: *"We didn't understand the Ghanaian culture, but they understood Canadian [culture], so they were able to make those links a lot better, [which] I think was useful" (04).* This exposure helped UG partners relate to and understand their UA counterparts and enabled them to articulate some of the institutional differences that might arise in getting the project started. One UA participant emphasized:

> *I think for us, one of the things was so many of the Ghanaian partners had experience as graduate students in Canada. They understood the Canadian education system at the university level. Whereas, we didn't really understand the Ghanaian educational system at the university level, we had to figure it out. I think if they hadn't had experience in Canada it would have been more difficult for us to figure it out because they had a sense where some of the differences would be. (01)*

There was a perception that because one of the UA Project Directors and both UG Project Directors had studied and/or worked in international settings, establishment of productive and satisfying interpersonal and professional relationships during the preparatory and implementation phases of the project were enhanced. UA/UG participants were aware that the second UG Project Director who took over after the mid-term evaluation in 2002 had been supervised for her MN thesis by one of the UA co-directors. One UA participant commented on the personal/professional relationship between these two Project Directors:

> *I think (Name) has been exceedingly instrumental in the success of the project because of her previous [international] experience, her education and just because she's (Name) you know, and [good at] developing those relationships. [As well] the fact that (Name) was her student too, so trust had been built up between the two of them and they knew that they could work together. (04)*

Likewise, another UG participant commented about how knowing a UA participant prior to the actual planning phase of the project facilitated their ability to work well with one another:

> ***I think it has been very strong and has actually enhanced the working relationship too, because we knew each other as students, colleagues, and how do you call it? supervisor student relationship and that is what we took [to the UA/UG project] and began as a working team. In Ghana, for example, they [others at the UG] always refer to the [UA] people, as 'your people' because they know that I've been in between and I have worked with them for a long time. . . . I think if this kind of understanding, personal interaction had not been part of it [the project] maybe we wouldn't have been where we are [today]. (30)***

Other UA/UG participants, on the periphery of the project, perceived that the UA/UG partners possessed a relationship based upon a genuine understanding of one another. One UA participant stressed: *"It's not a relationship that's based on a sort of touchy feely sense. There's a real hardnosed edge to the understanding that people have. There seems to me a very good personal relationship that has evolved" (07).* As well, a UG participant involved in an advisory capacity stated:

> ***I didn't see much of them outside of the Advisory Committee meetings, but because I was Dean, anytime the visitors for UA came, prior to every meeting there would be a courtesy call to me and my feeling was that they had an excellent relationship. (27)***

On a *professional* level, this notion of *familiarity*, specifically related to the profession of Nursing, emerged from the data on multiple levels. Variations existed on how Nursing was practiced in Canada and Ghana. One UG participant relayed:

> ***In North America, if you're sick, the first thing you think of is going to the hospital. In this part of the world, if you're sick, depending upon your level of education or poverty level determines if you go to a hospital or to an herbalist. (27)***

Many of the UA/UG participants perceived that a shared familiar *background* of nursing as a profession facilitated ways of relating and understanding amongst the partners. One UA participant commented about how nurses worldwide are confronting similar issues: *"Problems*

are the same all over the world. There are some differences, but basically the problems are the same and the needs for health care [for everyone]" (16). Another UG participant discussed this notion of nursing starting from a similar viewpoint:

> ***I think we started on the same platform; it was the UA Faculty of Nursing and UG Department of Nursing. The partnership is between two of the same professions. We all have a nursing background to start with. It wasn't like the School of Nursing and the Medical School [partnering]. Then there would be differences in background. However, we are all nurses and because of that we may understand each other better to start with. (20)***

As well, this shared familiar background in the nursing profession was deemed as universal. One UA participant summarized:

> *Nursing, appears to be nursing across the world. I've noticed that whenever I've been to international nursing conferences it doesn't take you very long to talk with international folk. You know that a preparatory sort of interaction needn't take place. You know exactly what I'm talking about with another nurse from another country. I think there's that common sort of professional background and knowledge like values and standards and so on. I think that would definitely be unique, wouldn't it. . . . All those professional things which we have in common [like] our values and patients. (15)*

A UG participant further articulated this notion of shared familiarity in nurses' background knowledge as being universal:

> ***Nurses are always committed to what they want to do and this has been the major success because of our nursing background. Nurses are unique people. We are creative, that kind of artistic behavior where our patients come first. Wherever we find ourselves, we don't think of ourselves, but we think about what we want to do to give it meaning and give it success at our own expense. That's how nurses are even in our own home. It reflects the very special training we have. (30)***

There was a sense that nurses also possess a viewpoint different from others in the healthcare arena. For example, one UA participant described:

> *It's having that context and knowing what's happening and will this fit in and then seeing [if it does]. I think that nurses are in a very good position to do this. They see stuff that very often doctors don't see, administrators don't see, and project officials don't' see, because you're actually dealing with the patient's faith, and so that's really quite an important element. (07)*

Another level of *familiarity* was in reference to nursing as a *gendered* profession, primarily female, in both Canada and Ghana. As one UA participant commented:

> *I think that one of the unique things in a nursing partnership is the gender issue in which we are all women, pretty much. That doesn't mean that there are no men, but in reality, in terms of colleagues, we've had women colleagues at both sites. We've also had two male graduate students at the University of Ghana too. I think that is somewhat unique. Nursing is a gendered profession, there are other ones, but I think that is somewhat unique. (01)*

Similarly, another UG participant stated: ***"We haven't had many men, so in terms of gender, we're mostly women." (20)*** Another UA participant spoke about how:

> *So much of our work is linked with women whichever culture we are working with. From a feminist point of view, we can speak a similar language of feeling disenfranchised that might be unique to our partnership that might not be there in other partnerships. (12)*

Furthermore, from a gender perspective, there was a perception that females approach work differently than their male counterparts. A UA participant said: *"There are unique aspects to nursing in terms of first of all how we approach work. . . . Every country I've been to, and Ghana is no different, nurses almost kill themselves working way overtime" (13).* The UA participant emphasized that women in Canada and Ghana assumed other roles, in addition to their professional work. Many nurses in both countries manage a household. There was a notion of shared understanding between the UA/UG partners because they were predominately female and assumed similar roles in their personal and professional lives.

On an *institutional level*, some of the UA/UG participants perceived that familiarity with the *language of higher level education* also facilitated the process of the partners to understand one another. One UG participant commented: ***"I mean in some ways people working in education have a language of their own. I mean there is a common terminology with people in higher education" (29).*** All participants had expertise teaching at the university level, so possessed some background knowledge of the language of higher education.

From a *global* perspective, there was an overall perception by some of the UA/UG participants that Canadians and Ghanaians related and worked well together because of *familiarities* in their historical backgrounds. Both countries share a post-colonial history, are

members of the British Commonwealth, and have democratic governments. One UG participant described Canada's and Ghana's former relationships as:

> ***We both belong to a Commonwealth tradition. As well, Canada came to our assistance quite early. They offered a number of scholarships. For example, CIDA sponsored scholarships. As well, a number of my generation trained in Canada . . . I think Canadians are generally reliable and Ghanaians are also reliable. Ghanaians are comfortable with the Canadian ways of things. (23)***

Also, English was spoken and understood by both partners. As one UA participant noted:

> *It [Ghana] has a fairly stable government which makes it much easier to deal with people when they're not in the midst of a civil war like many of the African countries. The fact that they [the Ghanaians] spoke English, translation wasn't a problem. (19)*

Likewise, another UG participant commented on the importance of partnering with a country that also was a suitable fit:

> ***Everybody wants to have a conducive [favorable] environment such as a stable government to deal with. So when you are accepting offers to [partner with another country] you should understand the culture of the people. If you are going to [partner with] any foreign country and you don't know much about them, you are taking a risk. (20)***

In the past, Canada and Ghana had collaborated on other international development projects and university exchange programs with favorable outcomes. As a result, both universities possessed some prior familiarity working with each other. A UG participant commented:

> ***I recall in the 70's that we had a partnership with the University of Western Ontario in the field of Economics and that went very well. The critical element, as I recall, was the great enthusiasm [demonstrated] on both sides to make the partnership work which it did. (23)***

The existence of prior positive projects and relationships may have led to a predisposition to expect success. A UA participant commented on the openness of the Ghanaians: *"Ghana is I find quite refreshing to work with, in that sense, because they'll draw you into a conversation . . . So the project's been easier – it would have been more difficult in some cultures where people are not forthcoming" (07).* Moreover, a UG participant expressed: ***"not because I am a Ghanaian, but this is what people have said about Ghanaians that we have a culture of being friendly to foreigners" (20).***

Collegiality

The reoccurring process of *collegiality* emerged within the sub-theme of *networking*, revealing how most of the UA/UG Nursing Faculty related with one another during all phases of the project. *Collegiality* referred to collaborative working relationships between some UA/UG participants based upon mutual understanding and respect for each other. Those UA/UG participants who had previously formed strong personal/professional networks articulated how, over time, these associations cultivated into a *collegial relationship*. There was an overall perception by the UA/UG participants that the formation of these collegial relationships enabled both partners to *work well together*. As one UA participant noted: *"I think it's been a very professional, collegial kind of partnership" (15).* Another UA participant commented on how the structure of the partnership allowed the partners to work as colleagues: *"I think the partnership has been structured really well because we are working as colleagues" (04).* Likewise, one UG participant mentioned that ***"the partnership seems to have worked very well" (23).***

During the initial phase of *getting the project started*, there was a *core* group of UA/UG faculty members, including the UA Project Director and the first UG Project Director who worked collaboratively on completing the grant proposal for funding. As the project evolved, the next step was development of courses for the MPhil program. A level of understanding between the partners that had previously been established continued to be cultivated into a collegial working relationship. Many of the *core* UA/UG faculty members, as well as some other UA/UG faculty, were paired with counterpart(s) who possessed a shared academic course interest. One UA participant described *working with* a UG counterpart in developing an MPhil course: *"We talked about what she knew from having taught in the undergraduate program and what she saw was needed at the master's level" (08).* Another UA participant added: *"Courses were developed in partnership and we taught in partnership. It's not us as experts and them as recipients. They had expertise and so did we and so we tried to blend those together" (04).* A UG participant conveyed: ***"Various lecturers at the UG School of Nursing were identified to be paired up with***

subject specialists at the University of Alberta for development of the courses" (30). Another UG participant offered ***"Two of our faculty members were also invited over [to UA] to be involved in planning the curriculum for the MPhil program. So from the word "go" I think we have been involved" (20).*** It was during this preparatory phase of the project that these UA/UG faculty members commented on how well they worked, collaboratively, together. One UA participant commented: *"I was a member of the project team and we worked very intensely on planning the courses and working together to try to get the whole thing mapped out, approved, and then we got funding to move on from there"(16).* Likewise one UG participant commented:

> ***You see that whatever we did, it was collaboratively done. We would have our input and they would have their input. We looked at [everything] to see whether we liked it . . . Partnership it's not a one-way affair. Whatever we did, our colleagues had their input. We sat down with them and developed the courses before we started teaching. (28)***

There was a perception by some of the UG participants that their UA counterparts interacted with them in a *relaxed* manner, and continually asked for their input, and thus created a collegial working environment. One UG participant noted:

> ***It was perfect. Those who went [found] there was no problem. We discussed [the courses] and they all felt it was a learning process for some of them, especially this course on Physical Assessment as it was a new area for us. We saw these relaxed colleagues working together. It was like a collegial relationship and wasn't a relationship based on fear. (28)***

In addition, many of the *core* UA/UG participants continued to work closely together throughout the implementation of the MPhil program. As the project unfolded, they maintained a collegial working relationship with minimal misunderstandings. One UA participant explained: *"It was interesting working with the Ghanaians in that there was never any disagreement really about what should go into the program like the content and so on" (15).*

The UA/UG participants who were uninvolved in the preliminary course development work, or who participated later in the project, commented that from their perspective, the *core* UA/UG participants involved from the *beginning* appeared to relate and work well together in a mutually respectful manner. One UA participant acknowledged: *"It's a very collegial*

relationship and I think people here have been very generous with their hospitality and facilitating that relationship" (15). Similarly, one UG participant relayed: ***"I think the personal understanding is there and that is a key one. There has been more or less a good understanding between both partners and I think that may have done the trick" (22).*** As well, one UG participant added: ***"I believe for a partnership to thrive, the interpersonal relationships must be worked out well" (24).*** Likewise, another UG participant asserted: ***"I think the relationship is very, very important as without a good relationship nothing would work" (28).***

As stated under the process *familiarity*, two of the Project Directors, one at UA and the other at UG, had established a longstanding personal/professional relationship with each other. There was a perception by many of the UA/UG participants that they possessed a level of interpersonal understanding that differed from others involved in the partnership. This enabled them to work extremely well together as colleagues particularly during the later implementation and final phases of the project. The interpersonal relationship established between these Project Directors was perceived by many of the UA/UG participants as pivotal to the successful outcome. A UA participant noted:

> *Name was (Name's) graduate student so I think that there was a very close relationship there and that they probably knew and understood each other very well by the time (Name) had finished the program here [UA]. Name certainly assimilated into a lot of different cultures, so I think she probably played a really key role in getting this going. (17)*

Another UA participant emphasized:

> *I often wonder what would have happened if she and (Name) didn't have that relationship. She and (Name) worked really well together, but I think there was a different intimacy that was between (Name) and (Name) because of their supervisor/student relationship in the master's program. (04)*

UG participants also commented on the collegial relationship between the Project Directors that kept the project moving forward. A UG participant noted: ***"the determination of the Project Managers on both sides to force things to get done or insist on things getting done" (29).***

In contrast, some UA/UG participants perceived that they were unable to cultivate a collegial association with their counterpart, although many desired to have such a relationship. One UA participant stated: *"I could never really work with them as colleagues as well as I really would have liked" (16).* Some UA/UG participants perceived that certain factors negatively influenced their ability to cultivate a collegial relationship with their partners. These factors included those participants who had minimal contact with the core group of UA/UG participants who worked during the preparatory phase of the project, those who possessed limited international work experience, those who had minimal understanding of the context of one another's country, and those who were ill at ease interacting with counterparts with higher academic credentials than their own. One UA participant described her experience teaching with her UG counterpart in Ghana, where she had been unable to form a satisfying collegial relationship:

> *I couldn't quite develop a working relationship with her for whatever reason. I didn't feel that it was a working relationship . . . if we set up a certain time [to meet] she would either not come or be extremely late and so there I was, I felt that went against opportunities to sit down and talk to her. I'm not sure she was interested either. I really didn't have that sense. I'd come away feeling somewhat of a failure in terms of developing a rapport with this colleague. But I came away also as I mentioned before, feeling 'well don't be too hard on yourself because it takes two to develop a partnership' and I'm not sure she was committed to it. (10)*

Upon reflection, the UA participant thought that to cultivate a favorable working relationship with international partners, it would be important to be involved at the onset of course development:

> *It would be good to be there from the onset. I think I would perhaps try to explore with the individual exactly how I was feeling. I'm lost here. I don't know what you really want me to do . . . I feel responsible for this course and so it was just a comfort level in coming to explore that with her. But she wasn't particularly embracing either. (10)*

There was a perception by some UA participants that their inability to communicate in person with their UG counterpart impeded their ability to form a collegial relationship. For example, during co-supervision of MPhil students' theses, UA and UG faculty members would often communicate via e-mail with limited opportunities for *face-to-face* meetings. One UA

participant described how this arrangement interfered with really getting to know her UG counterpart: *"One thing would have been as a co-supervisor [UA] to have more time with the other co-supervisor [UG] because I mean we were strangers really trying to assist someone without really knowing each other" (14).* Other UA participants revealed that they thought their academic credentials interfered with working with their UG colleagues as *equals*. As one UA participant stated:

> *I found it was hard to be equal with them. . . .I felt many times they were intimidated by me. . . .I was expecting more of a collegial relationship with them because they are colleagues. I don't differentiate between colleagues that have a PhD and colleagues that have a Masters. I mean we're all colleagues in terms of the university. (16)*

In contrast, some UG participants had a slightly different perception of how their status affected their ability to address their UA counterparts. One UG participant described her experience of going to North America as a student, and observed that students all addressed their professors by their first names, something that she was unaccustomed to and found disconcerting, stating:

> ***Students call their professors by their first name and for a long time I was finding it difficult to use the first name. When we started the [MPhil] program I realized that the students were also allowed to use their first name [when addressing the UA professors], so at times you have this culture shock. (20)***

This UG participant further explained that the UA faculty allowed the MPhil students to address them by their first names, but also wanted the UG faculty to do the same. On the other hand, the UA faculty would then address the UG faculty by their last name; for example: ***"so they would be saying (first name of a UA Professor) and come and say Mrs. (Last name of a UG professor), and it is as if we are not on the same parallel lines" (20).*** The perception by the UG participants was then one of confusion because they did not know how they should appropriately address their UA counterparts, so as not to appear less important.

Some UA participants formed stronger relations with the MPhil students than with UG faculty members. A UA participant reported:

> *I formed relationships with the members of the faculty, but it was only very much on a professional basis. They would make sure if I wanted entertainment, they'd make sure that I could have a driver, that kind of thing. . . . But there wasn't that sort of lasting relationship that had been nurtured with (name of student). (12)*

Another UA participant commented on the relationship she had established with the MPhil students: *"I became very much attached to them when they were here [in Canada] and that was on a very personal basis" (19).*

There was a perception by the MPhil students that UA faculty members treated them as *colleagues.* One MPhil student stated: ***"It is not a master servant relationship, but we see ourselves as colleagues to the benefit of the common goal we all have" (FG-1).*** For example, some MPhil students commented on how the UA faculty members' teaching approaches differed from how they had been taught in their undergraduate program. The seminar format promoted a relaxed and respectful environment whereby students could freely express their thinking about various topics as opposed to the more formal undergraduate lecture format with which they were familiar. One MPhil student commented:

> ***If you look at the UG undergraduate program, and you look at the UG MPhil graduate program, [the MPhil program] is more relaxed with the seminars [which make] you feel more respected and you feel free to talk about issues and discuss them. . . . I think we get closer to our lecturers as compared to the [UG] undergraduate where you dare not to get closer [to faculty members], but now [UA faculty members] are like friends, I mean they treat you as if you are their colleague or almost their colleague. (FG-3)***

The relationships established between UA Faculty and UG MPhil students is explored in more depth in Category Two, *Keeping it Going* under the sub-theme, *mentoring,* and in Category Three, *Following the Project* under the sub-theme, *transitioning.*

Befriending

Overtime, some of these professional associations between UA/UG participants (within the *networking* data) evolved into *personal* connections that later developed into this process of *befriending. Befriending* referred to associations between UA/UG participants that went beyond being professional colleagues to the development of friendships on a personal level. As one UG participant stated: ***"Apart from the academic linkage, we have also have had personal kinds of***

linkage" (30). Some core UA/UG participants, involved from the conception of the project to its completion, expressed how their collegial relationships developed into friendships; and as one UA participant reflected: *"We learned a lot and developed new relationships and friends" (04).* One UG participant commented: ***"Name who had been my Supervisor is now a colleague. We've worked together and (Name) is still like a personal friend [who] has gone beyond a working relationship to that of family" (30).*** Another UG participant stated:

> ***It has also given us the opportunity to know people across the borders because when you are working with somebody 'unconsciously you can become attached to that person', so that has also given us opportunities to know other people outside the country because all that have worked with it [the MPhil program] have become more or less friends. (20)***

Some of the participants thought that because they had previously been to Canada, their level of friendship had already been established on some level. One UG participant noted: ***"I feel that for one thing most of us have been to Canada before and we were working with them, so we were like friends" (28).***

Some of the UA/UG participants had become close prior to the start of the project and this closeness continued on once the project started. One UA participant described how another UA participant had attended graduate school with one of the UG counterparts and they had become friends: *"We have a faculty member here who actually was a classmate of hers when she did her masters degree here and they have a close friendship" (01).* A UG participant noted:

> ***Our relationship goes beyond lecturer to lecturer. We've published together as well she is a personal friend because I knew her in my graduate program. We were colleagues and then good friends. This relationship has been strengthened by this partnership, so that we see each other very often. We share our families and our concerns together, so it is prospering. (30)***

Others on the periphery of the project observed that friendships had been formed amongst the partners of the project, which created a foundation for an amenable working environment. One UA participant commented:

> *It was almost like a group of friends helping friends in another place because I do get the feeling that friendships were established or that there were friendships there even before the project started. It is kind of like 'professionals helping other professionals' who also*

> *happen to be friends because I don't think it was just kind of 'Oh you are my friend so I'm going to help you', but the feeling that we are professionals, we are educators and we want to help educators. (2)*

A UG participant in an advisory capacity observed: ***"The people are friends with each other and they can work together. There seems to be good agreement on what things are happening and when they are happening and who's coming and who's going to Canada" (29).***

Some MPhil students revealed that they benefited from the interaction with the Canadian professors outside the professional/academic arena. For example, some MPhil students described that working intently and closely in the learning environment with the UA faculty members created a situation fostering a *friendship* type of relationship. As one MPhil student stated: ***"I want to talk about the social aspect of the whole thing that for some of us we were exposed to this for the first time in Canada" (FG-1).*** Many of the students expressed that they developed a close association with some UA faculty members. One MPhil student commented: ***"Some of the lecturers have become our friends and they visit us and we can visit them" (FG-2).*** As well, some MPhil students perceived that the UA faculty members also benefited from coming to Ghana. It gave them an opportunity to go on trips and see other places.

Sub-theme B2: Informing

As with *networking, Informing* was a persistent sub-theme that continually emerged from the data under the *Associating* theme. *Informing* referred to UA/UG participants continually providing information about the status of the project to the stakeholders. *Informing* was critical to keeping the partners and outside stakeholders aware of and actively involved in the ongoing development of the project. As one UA participant stated:

> *Keeping people informed all the way through and making sure you keep contact with them allows people to feel involved. They are an active participant in the process and not just a token and so you respect their opinions and their beliefs. (18)*

Another UA participant emphasized: *"I think the sense of knowing what's going on is critical for successful project management. That's much more subtle than just a kind of functional relationship with your partner (07).* Similarly, one UG participant stated: ***"The Dean of***

Graduate Studies knows what Nursing is doing. We were always in touch with the Pro-Vice Chancellor and he knew our problems with our accommodations, transportation, and the academic side too" (28). As described under the sub-theme of *supporting,* the grant proposal for this international development project required much in-depth information sharing between both partners. Once the grant proposal was approved, further preparatory work was required for developing the MPhil courses and thesis guidelines. During this initial *getting started* phase of the project, input was often required from other individuals and departments outside the UA Faculty of Nursing and UG School of Nursing. As a result, these two bodies began the process of strategically establishing associations outside their Faculties. They accomplished this by *informing* specifically identified departments within UA, UG, and the public sector, about the premise and requirements for the potential partnering arrangement between them.

In the beginning, both participants acknowledged that establishing an international partnership took a long time, especially when one partner was looking for funds to get the project started. For example, as one UG participant stated:

> ***The complex nature of this partnership, especially when it comes to funding and providing the logistics took about five years. I think that would give you the impression that starting a partnership is difficult especially when you are dealing with a less endowed partner. (22)***

Similarly, a UA participant commented on the length of time it took informing the other departments and outside personnel as the partnership evolved:

> *I didn't really appreciate or understand the amount of work required on both sides of the table in terms of obtaining the CIDA approval, the University approval on our side, and approval in Ghana. I had no idea of the depth of involvement and how they proceeded through the hierarchy, not only in the University, but in the Ministry of Health and within the CIDA organization in terms of getting this program approved, implemented, and running. I mean there is a tremendous amount of public relations that has been done to deal with this on both sides of the ocean. (19)*

The process for informing and obtaining the required information was challenging at times. For example, the UG School of Nursing did not have Internet access until paid for after the grant was received. As a result, communication between the partners was usually by telephone,

letter, or face-to-face meetings. For critical messages, faxes and e-mails could be sent to other places on the UG campus with instructions to pass them on to the UG counterpart. As one UA participant described:

> *At the beginning, the communication was absolutely hysterical. It was a real struggle just to get the whole thing off the ground because if you're going to write the proposal, it's supposed to be a partnership. The internet system was down all the time . . . I mean all the things you need to keep yourself running, they didn't have the technical expertise to keep the Internet up and running. That isn't a weakness, its reality. (06)*

In Ghana, informing others outside the School of Nursing about the UA/UG project was often difficult because, as one UG participant noted: ***"Internet allows one to communicate within a short period, however, our Internet service is on and off, but when it is working, it's fast. These are the problems [encountered in] the Third World" (23).*** The UG Project Director would walk or travel by car to inform individuals about the progress of the project. One UG participant commented on the challenges of informing and seeking information required for the grant proposal from various UG departments and the public sector: ***"They were asking for a lot of information from Ghana. I had to go [meet] the Vice Chancellor, Pro-Vice Chancellor and anybody who could help me. I would get the information needed to write the proposal, and here, it's not easy getting the information" (28).*** This continual *informing* promoted open lines of communication and transparency for the details of the project between the UA/UG Nursing faculties, their university departments, and the public sector. One UG participant stated:

> ***I informed them about any major decisions. I was sending most of the correspondences and copies to the Vice Chancellor and to the Pro-Vice Chancellor. I did that purposely so that the University, the Dean and their committees [were continually aware of the progress of the partnership] – when they accept something then you know you are on the right side. (28)***

There was a perception by some of the UA participants that the UG School of Nursing was very strategic in who they initially informed, in Ghana, about the impending partnership. As one UA participant commented: *"They were strategic in who they put on the Advisory Committee, like putting people on who were players in the University and in some cases players within the Ministry" (05).* Some UA participants thought drawing from a diverse group of people

to become advisory committee members also promoted understanding and insights about where nursing was situated in Ghana. As one UA participant stated:

> *I think it is very important to have that range. I think specifically about the Ghana project, but it's true of other projects, it's just not enough to work with the university department. I think they have done a very good job of bringing in the Ministry of Health to have a sense where Nursing fits into the wider context. (07)*

Confirming the deliberative nature regarding who was kept informed, a UG participant stated: ***"I informed them about the project and I also tried to get most of them to be on the Advisory Committee too" (28).***

UA participants perceived that the skill of the first UG Project Director in establishing relationships with the Advisory Committee members, early in the project, assisted with obtaining what was needed for the project. As one UA participant noted:

> *I think that the other strengths of the project in Ghana have been the ability to help forge the relationships, the [UG] faculty with the Ministry of Health and with some of the other people on the Advisory Committee. I think that the heads of the department of nursing have taken good advantage of the people they've met thorough having this project in terms of leveraging more support for the department. (01)*

A UA participant commented upon witnessing firsthand how UG faculty members were able to access necessary contacts through informing: *"That's how a lot of things got done in the Advisory Committee Meeting. We happened to mention [we had a concern with] this and they'd say 'well here is the person you need to target within the university' and so the path was smooth" (05).*

As the project unfolded, many of the UA and UG participants thought that the ongoing relationships formed with the UG Advisory Committee members by the UG School of Nursing were pivotal for keeping the project's momentum. One UG participant described how keeping UG Advisory Committee members informed about the continuing developments of the project was helpful: ***"The Dean of Graduate Studies knows what nursing is doing and we are always in touch with the Pro-Vice Chancellor so he knows about our problems" (28).*** Another UG participant commented on the importance of keeping the UG Advisory Committee informed over the course of the project: ***"The Advisory Committee Board has gone a very long way to have the***

project survive" (30). A participant on the UG Advisory Committee described how being informed, prior to the actual *starting* of the MPhil program, fostered an ongoing interest in the project and ability to contribute:

> ***We were involved from the beginning of the project. First the faculty head at the time came with a team from Alberta and we had a very fruitful discussion. Also, (Name) and (Name) provided an opportunity for me to follow the developments of the program and for me to sustain the interest I had in the initial part of the project . . . I'm also on the Advisory Board so that also provides me with an opportunity to keep up with developments and also to contribute to discussions and developments of the program. (31)***

As the project unfolded, the UA Faculty of Nursing and UG School of Nursing conscientiously and continually informed the UA/UG Advisory Committee members of the project's progress. This ongoing informing would take many forms such as notifying the UG Advisory Committee when UA faculty members were arriving in Ghana. For example, one UG participant noted:

> ***Anytime a faculty member from Alberta visited, they arranged meetings with the Director and issues that are relevant to the Ministry of Health, the Ghana Health Services are discussed and that's how the working relationship occurred. . . . I think these discussions give the opportunity for the Ghana Health Services and the Ministry of Health to understand the relevance of the program. It has that value of informing management what the program is all about and how it is progressing and also creates that understanding and collaboration. (26)***

Another UG participant commented on the usefulness of being continually informed about the project: ***"I've had some really good discussions about the project and what it's trying to accomplish and where it is going. Both the Ghanaians and Canadians have been open to talks and sharing their ideas" (29).***

In addition, built into the structure of the project were ongoing monitoring and yearly evaluation of the project. These were done at the annual joint UA/UG Management Committee meetings held in Ghana every May or June, with a minimum of two UA team members in attendance. Annual reports with projections of following year activities and budget were developed collaboratively and submitted to AUCC by the Project Directors. Semi-annual progress reports and quarterly financial reports were also submitted to AUCC. This structure imposed by

AUCC's insistence on a collaborative Results-Based Management (RBM) approach facilitated transparency in decision-making and consultation in planning, implementation, and evaluation. The ongoing informing about the progress of the project was perceived to be paramount to assuring that the goals and standards established at the beginning were being met. As one UG participant noted: ***"The issue is really focusing on your objectives, goals, and targets . . . the issue of constant regular review and monitoring is to make sure that you're working towards that goal" (26).*** These reports were accessible to UA/UG faculty members to peruse, inform, and update them as to the project's progress.

Theme C: Committing

Committing to the development of the MPhil program by the UA/UG participants was a central theme that repeatedly resonated throughout the data. *Committing* referred to the UA/UG partners being firmly engaged in establishing the project. Once the UA Faculty of Nursing and UG School of Nursing, and other affiliates involved with the project, clearly understood what this prospective partnering project entailed, and what the potential benefits for both partners were, multi-faceted levels of commitment emerged. Sub-themes or processes of Theme C, *Committing* include *respecting, leading, overseeing,* and *benefiting.*

Commitment to the vision of this international development project was uniformly embraced by a core group of UA/UG faculty members involved during the preparatory phase. As one UA participant asserted: *"Originally the project was conceived under the previous Dean and her commitment and the commitment of the faculty were good" (04).* A UG participant emphasized that both partners wanted ***"success by concerted effort" (30).*** As one UA participant stated: *"We had people who were committed to internationalization long before I was and could see a connection" (16).* As a result, when the opportunity came to partner with the UG School of Nursing, the UA Faculty of Nursing was able to commit. As UA participants noted:

> *I think the initial momentum came out of a kind of general sense in the faculty that they wanted to do the international project, a certain sense of (Name's) own background in international education, but then I think it seemed to fit with a lot of the kind of work and*

> *the philosophical sort of position within the faculty that there seemed a commitment to it. (07)*

> *Faculty members were totally committed to the international plan and everybody passed it, and thought it was great. But the implementation of the plan meant that somebody might have to take on a heavier teaching load and so there were strings attached. The commitment is one thing, the living and really supporting of commitment is quite another thing because it often hurts, it has money, it has time, it has energy. (16)*

The deep level of commitment by the UA Faculty of Nursing throughout the project is exemplified in the comment: *"There was a level of commitment that has become quite extraordinary in the faculty" (07).*

With the UG School of Nursing experiencing a significant human resource shortage, partnering with UA Faculty of Nursing was timely. Thus the UG School of Nursing was also deeply committed to this project. As one UG participant described:

> ***We really understood the terms of the project and we didn't blame some of us who were working for nothing, because the extra hours that we put in, we were not paid for, but we knew that we wanted something for our country, so we did it wholeheartedly. (30)***

In addition, many UA/UG faculty members perceived that Ghanaians outside the UG School of Nursing were also committed to the successful outcome of the project. One UA participant noted: *"The people around them who were in power positions wanted it to succeed too" (01).* Similarly, one UG participant commented: ***"The board has gone a long way to have the project survive" (30.)***

Additionally, UA and UG participants recognized the commitment of the other partner. UA participants stated about their Ghanaian colleagues: *"I think they all wanted it to succeed and felt it was really important" (17),* and *"The partners in Ghana also played their part too. I'm not just saying this out of diplomatic politeness. I think there has been a serious commitment by people in Accra and in Legon to do this" (07).* UG participants made similar comments: ***"I would say that we have been fortunate. I have met every one of the visiting professors from the University of Alberta and I can say without hesitation that they have shown a lot of***

commitment" (23), and ***"I admired our colleagues for the enthusiasm of those who came and their commitment" (28).***

There was an overall perception by many participants that critical to the partnership was a shared vision of the goals. As one UA participant stated: *"There always seemed to be a clear goal in mind and people worked towards the goal" (02).* Another UA participant added: *"I think that some of the strengths were the commitment on both sides, and the willingness to work together, always focused on the purpose of the project" (05).* In describing the importance of making the distinction between working towards the same goals and equality in partnering, one UA participant suggested:

> *People are working together, and if possible they should be equal. I am suggesting it because circumstances, initially, there wasn't equality, but it wasn't inequality where one side was taking it from the other. It was inequality because of skills people were developing. . . .It was a true partnership in that both of them were working towards the same goal and I think that is one of the things with a partnership. You have to have the same goal direction and that was there, whereas the equality wasn't always there. (11)*

Similarly, UG participants noted: ***"They knew what they wanted to achieve and they all wanted to work together to achieve it" (24)*** and:

> ***I think there is an equal commitment on both sides and an equal drive for the same goals. No one was saying 'Oh, well they would have gone further if the other side would have done more' It is a very joint and co-operative approach to working together and getting to an end. (29)***

A UA participant noted that these goals must be accomplished within a specified timeframe: *"It's more in-depth because the people that you're working with have very specific objectives and they are trying to get the program off the ground. We have five years to do it people" (06).*

Commitment may have been sustained because:

> ***From the start both partners understood was expected of them. We didn't have people working beyond their bounds. We knew what was expected of us, and therefore when we were a part of the project, we knew that we wanted people to fill positions. . . . From the word 'go' we knew what we wanted, our expectations and the goal that we wanted to achieve. (20)***

Sub-theme C1: Respecting

The sub-theme of *respecting* the other partner was perceived to be foundational to the successful and amicable progress of the project. *Respecting* referred to a shared attitude by the UA/UG partners reflecting a deep level of mutual understanding and acknowledgement for each other's personal, professional, and cultural differences, and expertise. Both partners described on a *professional level* how the notion of mutual respect was critical to keeping the forward momentum for the project. A UA participant emphasized:

> *I really feel strongly that mutual respect is key. I think it is difficult as we all have biases, and I do, we all have prejudices and I do, and our counterparts do as well. I think partnerships work best when people are reasonably self-aware. (01)*

A UG participant stated:

> ***I met both sides together and individually. The Ghanaian and Canadian partners all speak of each other with respect. As partners they have enjoyed working with each other and that is the same when they are together or when they are apart. I think that the Ghanaians like working with the Canadians, like what the Canadians have brought and are quite pleased with the calibre of people. The Canadians talk about the Ghanaians in very positive terms. There is a professional respect back and forth. (29)***

During the *getting started* phase of the project, the core group of UA/UG partners demonstrated a deep level of admiration and mutual respect for one another's diverse expertise as individuals, nurse educators, and nurse leaders. As one UA participant stressed: *"They are leaders in Ghana and they deserve our respect" (04).* This UA participant emphasized the importance of acknowledging that there are differences between the Canadians and Ghanaians: *"It's important I think to recognize the differences and to accept the differences between us. Also, when we work in true partnership, we have expertise and learning needs and it is valuable to have both" (04).* A UG participant commented about the importance of respecting *cultural differences* while acknowledging individuality:

> ***We really need to consider one another's culture, and understand the way they behave. . . . The individual may come from a particular culture, but also may have something specific to that individual, so part of their individuality is also very important. (30)***

Openness, transparency, and respect were valued. As one UA participant suggested:

> *Partnership means respecting each other. We don't always have to agree on everything to work together or to do things. We need to understand each other and still have our own positions, opinions, and values as we work as a team like complementing each other. (14)*

As well, another UA participant spoke about not imposing on our UG partners in a patronizing way:

> *Mutual respect for one another is not an attitude of 'I want to help you'. It is going with the attitude of 'what can we learn together' or 'what can they teach us'. I am talking about us in Canada or North America that there is a deep respect for the international site in that it is not coming in and wanting to evangelize them in some way. To me that is absolutely the wrong way. There is a deep-rooted grounding of a relationship has to happen and that doesn't happen overnight, and then there is mutual respect. (12)*

Although there was a prevailing determination by many of the UA participants to try hard not to impose their ideas, but work with the UG partners, some UA participants still questioned if, at times, the UA partners were imposing. For example, one UA participant recounted a situation during a student's proposal defense, where the external examiner had not yet arrived. This was the second time that the student's thesis committee was convening due to thesis committee members not showing up for the first proposal defense. The UA participant became visibly uncomfortable and began pacing in the hallway. The UG counterpart eventually made a decision to secure a driver to get the external examiner. After about twenty minutes the UG counterpart returned with the external examiner and the thesis defense commenced. The UA participant questioned whether we were imposing our cultural beliefs because of the way the project was structured: *"Did we impose on them because that is not the Ghanaian way? That bothered me, but we did manage to get the proposal through and submitted to ethics" (12).* The UA participant perceived that this situation could have been a source of conflict if there had not been a previously established level of mutual respect and understanding between the UA/UG partners, thus allowing the UG partner to implement a plan to deal with the situation. The UA participant commented upon the role that the UG partner took:

> *I think (Name) did that because here was this visiting external person pacing. I mean [laughter] she just took the bull by the horns. She has been involved enough with us as white folks and Canadians that she knew it was time to do something. If I hadn't been*

> *there and they were just doing it themselves within the Ghanaian community [I am not sure] whether that would have happened. They would have resolved it some other way or let the student sit there and try again the third time. I imposed some of these things on them because that was what our project had dictated, but whether that will carry on or there is somehow other ways of doing this, I am not sure. (12)*

Many of the UG participants, however, perceived that the UA partners were not imposing and were respectful of their views. One UG participant commented how working with their UA counterpart worked well within the rules of the UG academic system: ***"I think that in this partnership there is some flexibility and some amount of respect. People say that because Alberta is not imposing anything on the UG faculty, the UG regulations are being followed, and that is key [vital] (22).*** Also, many of the UG participants commented upon the respectful manner in which both partners exchanged ideas. For example, in the beginning, UG faculty members traveled to Canada to share their expertise in co-planning the MPhil courses. Stemming from this academic exchange was the opportunity for the UA faculty members to also co-teach with their Ghanaian counterparts in Ghana. As one UG participant noted:

> ***There has been equal respect for each other's views. It was not something that you say that this one owned 100 percent ownership and this other fellow is maybe having 50 percent ownership. There has been equal respect and maybe equal benefits one way or the other because we have been going there and they have also been coming here. (20)***

Both UA/UG participants acknowledged the importance of respecting one another's values, opinions and beliefs. Accordingly, throughout the project they continually sought input from one another when a joint decision was warranted. For example, a UA participant described attending a UA Management Committee meeting where the UA co-director insisted on conferring with the UG Project Director prior to making a final decision:

> *(Name) is extremely respectful. There was much that (Name) had to do on a day-to-day basis that we were not involved with. We decided what was going to be done and had meetings, but she carried it out. I was very respectful of her always wanting to get their opinion and approval. Never did I ever hear (Name) say 'well we'll do that', rather 'we will have to check with (UG partner), I'll check with her'. I was immensely impressed with that because it was so easy for us here when they're not in the room to assume we knew what the right thing was to do. (16)*

Other UA participants emphasized that as the project was situated in Ghana, it was imperative that the UG partner's input was sought. A UA participant commented on the need for:

> *Recognition that the project couldn't happen without both partners being involved. The Ghanaian partners obviously have to be involved. They understand the context, it's their program, and it is going to be their program after the U of A partners leave or after the project is finished. (01)*

Similarly, the UG partners reinforced this notion that their input was always solicited in a respectful way and consequently felt they were apart of the decision-making process. As one UG participant stated:

> ***I think most of the major decisions are made so that everybody has a chance of contributing. It's not something that is made and then maybe imposed on us. We have a chance of discussing the pros and cons of some of the major decisions that we want to implement. (20)***

This notion of mutual respect was not clearly understood until it was experienced in each other's context. For example, one UA participant described a situation where she learned to appreciate and understand, in the Ghanaian context, the depth and complexity of *respecting*. The UA participant related her experience of attending a meeting with a UG nursing faculty member. The business agenda items were not addressed immediately, as would happen in Canada. Initially, the UG nursing faculty member would exchange greetings with the UG administrator for an extended period of time. In Canada, greetings would be much shorter. Once the UA participant fully understood what was occurring, she became much more relaxed and understanding of how business is conducted in the Ghanaian context. The UA participant asserted:

> *The pace is so different. It takes all day to have one meeting and for those of us who work in an environment where we have twenty meetings a day, if somebody is late we just get going. But that is not how they do business. I think in the long and short of it, I think we gained far more kudos in the project in Ghana and that Nursing gained far more in Ghana because we learned to be respectful. (16)*

Sub-theme C2: Leading

From the outset, the sub-theme *leading* emerged from the data as being critical for giving the project direction. *Leading* referred to the capacity for the UA/UG Project Directors to provide ongoing guidance throughout the project. The data revealed the importance of having Project

Directors with strong leadership qualities. As a result, some participants perceived that the strong *leading* role that the UA/UG co-director(s) assumed was pivotal to the ongoing momentum of the project. As one UA participant stated:

> *(Name) has been lead on the whole project and has been instrumental in keeping it together and moving it forward and keeping within the parameters that we set, as we're on target, on budget, and I think that's directly related to (Name) and certainly to (Name) and now to (Name). (04)*

Accompanying this notion of the importance of strong leadership was that both leaders recognized the challenges and parameters of the project. As one UA participant relayed:

> *Unless there is strong leadership from the people managing the project, things wouldn't get done, wouldn't progress, and wouldn't be done within the timeframes that are necessary. Sometimes you have to have somebody driving it, but there is a thin line in terms of pushing too much. (18)*

As stated earlier, there were four Project Directors who assumed leading roles at varying times, with shifts occurring in the type of leading they would provide, depending upon the stage of development of the project. As one UA participant commented:

> *I think it's been shared leadership especially at different points in this project. I think certainly seeing that as the project has progressed that the faculty members now at Ghana are much more confident and able to take the leadership on many things. (14)*

Many UA participants noted that the UG Project Directors possessed substantial understanding about nursing. One UA participant noted: *"They understand their system and so it's not for us to go in and say 'this is how it should be done', so we take the 'lead' [direction] from them" (04).* Participants perceived the usefulness of international experience. One UA participant commented:

> *I think because of (Name's) background in community development she probably has the best understanding about international work, and how, if we really want this project to work it had to be a partnership from the beginning. There were places where we had to take more leadership than less leadership, but it was a partnership and eventually, the Ghanaian faculty had to take this on. (08)*

A UG participant reiterated the same idea: ***"On either campus these people who have an international outlook are able and willing to work as a team" (23).***

Also, there was the notion that the Project Directors were highly respected as leaders in Ghana. As one UA participant commented:

> *(UG Project Director) was highly respected by CIDA and seemed to be able to work with the UG administration. She seemed to be able get anything she wanted for the program. I think she was enormously influential in keeping the project going. You need somebody with that kind of administrative and political clout, as well as leadership and commitment to keep the thing going, which she did. (15)*

Similarly, another UG participant noted the important role of the UG Project Director in securing support and commitment for the project, ***"I have been very impressed with the enthusiasm of the local faculty in accepting their shortfalls and readily being able to go out and galvanize support" (31).***

Sub-theme C3: Overseeing

Stemming from the strong leading roles of the UA/UG Project Directors was the sub-theme, *overseeing* the project. *Overseeing* referred to the capacity of the Project Directors to administrate and manage the project. It included an ability to conceptualize the project as a whole as well as a series of activities that could lead to successful outcomes. The sub-theme *overseeing* was perceived as crucial for the evolving nature of the project. As well, the importance for people from both sides of the partnership to have a deep overall understanding of the project was articulated by a UA participant:

> *You really need a few people who know the score and I think probably (Name) and (Name) are two, one on either side. I can't imagine a thing working without that and I really mean know the score. . . .You need the people on both sides who have the scoop, the score. (03)*

The capacity of the Project Directors to envision where the project was going facilitated the process and implementation as planned. A UG participant noted: ***"there was determination of the Project Managers on both sides to force things to get done or insist on things getting done" (29)*** and a UA participant emphasized: *"I think knowing what's going on is critical for successful project management. That's much more subtle that just a kind of functional relationship with your partner" (07).*

Many UA participants commented on the effective overseeing capacities of the Project Directors in Ghana and Canada. One UA participant stated: "*Maybe that's what makes the project successful, is someone provides the oversight, but also the skill to make sure that people are involved in making the decisions or are perceived to be involved in making those decisions" (04).* Similarly, another UA participant commented about the UG Project Directors: *"(Name) as head is very effective as she has a way of knowing her own community which is different from here [in Canada]" (06).* Another UA participant stated:

> *The two Project Directors in Ghana have both been very aware. I think they had a vision of where nursing could go, where the department could go and have communicated that very well to us in our planning, but have also taken the opportunities that would help move them forward when they emerged. (01)*

Sub-theme C4: Benefiting

Benefiting from this partnership was another sub-theme that emerged from the data. *Benefiting* referred to the UA/UG partners receiving personal/professional advantages or gains from the project. The project had a *web-like* effect revealing far-reaching benefits that were not always anticipated. For example, one UA participant stated: *"You can't possibly go to Ghana without it having a major impact on you as a person, your life, and your nursing as it has a major impact in all areas of your life" (13).* UG participants shared similar perceptions: ***"Both sides will benefit professionally and personally from the exchange, but it is not the ultimate goal of the project as the project was to build institutional capacity" (29).*** The potential for mutual benefit from this partnership was acknowledged from the beginning. As one UG participant emphasized: ***"Ghana will benefit and Canada will benefit. This is a partnership that is two way. We will give something, and they will give us something" (28).***

The MPhil students commented on the numerous *benefits,* both *personally* and *professionally,* as a consequence of the project. One MPhil student spoke about the experience of interfacing with the Canadians stating: ***"I must admit that it's not only academically that I have benefited, but socially and culturally it has actually transformed me" (FG-3).*** Another MPhil

student commented on the perception that the UA/UG partners were equally benefiting from this project stating: ***"I don't think somebody should give more than or somebody should receive less than, but rather it should be an equal benefit for both sides, as well as contributions from both sides" (FG-2).***

A prevailing professional and institutional *benefit* for the UA Faculty of the Nursing was the opportunity to promote internationalization within the Faculty. UA participants commented that this international partnership provided an opportunity. *"To benefit the University of Alberta by helping us become culturally receptive and help the faculty have access to the experience of having students from an underdeveloped country" (03).* Another UA participant emphasized the benefit of experiencing another culture: *"It's not a one way street, its mutuality. . . . I don't see how we could do the program without the real exposure to each others' culture" (17).* There was the opportunity to *"understand another context" (13),* and participate in *"gearing people to provide leadership in their own country" (11).* UG participants spoke about the potential benefits for UA faculty members:

> ***With any new experience or environment you pick up new things. You see changes happen that provide a learning environment for the faculty involved. . . .There is also the opportunity for the University of Alberta to develop papers from their interactions and experiences with the Ghanaians. I think those are some key benefits. (31)***

While cultural exchange was not the principal reason for the project, mutual cultural learning occurred. As one UG participant stated: ***"You have a different way of doing things. They are working in another environment and we are working in ours" (22).*** As a result, this experience allows one to reflect upon what one learns in another context, which may broaden one's perspective. A UG participant noted: ***"They go back with a certain impression about us, and then we also have a certain impression about Canada, so this cultural blending is important for partnerships" (27).*** This UG participant described encountering a four-way stop and how this new experience was beneficial for understanding differences between countries:

> ***It was the first time I saw a four-way on the road and there were no markings. There was nothing to indicate who had the 'right of way'. I was in my car and I was amazed***

> ***at how at a four-way stop it was managed so efficiently, because of the strict discipline that everybody knows who got there first, and everybody was willing to wait to take his turn. If you get a lot more experiences like this they have an impact on your life. (27)***

The UG participant continued to then compare, from his vantage point, the beneficial type of learning that might occur when UA faculty members are exposed to Ghanaian culture:

> ***On the other side, somebody who has never been to Africa and all you have seen on television are hungry, sick people, and children who are starving, you may have no idea that it could have universities and that people are educated. When you see a black person on the street you may think they're just like the people whose parents are hungry at home and he's here looking for a job. But when you come here, and meet African professors, and meet other whites who are also working here too, your attitude of life may change. This is why I think that the nursing program is useful because it introduces people into different cultures. Also in the university, the way we program [organize] our courses, may be slightly different from the way you do yours. People who come here may learn something that can enrich their program in Canada, and people who go there can also learn something that would enrich our courses too. (27)***

Similarly, another UG participant thought that the UA Faculty of Nursing might benefit from incorporating what they have learned in the Ghanaian context in developing courses they teach in Canada:

> ***I know that in education one of the important [issues] coming up in curriculum development is the issue of internationalization in the curriculum. With a global village and globalization where people move around a lot, exposure to this environment makes it possible for Alberta also to review their curriculum and integrate some of the socio-cultural context into their curriculum to meet the need of some of the people who are from here [Ghana] and living in Alberta. (26)***

Several MPhil students perceived that the value of learning more about each others' cultural differences changed their perspectives on how they viewed one another. Many of the books used in the MPhil program were Canadian with a Western perspective. In some cases, the information written in these books, specifically about certain cultures, was inaccurate. As a result, this type of scenario became a beneficial learning experience for all of the students, as well as the Canadians. These learning situations provided an opportunity for the Ghanaians and Canadians to dialogue about the similarities and differences between the two cultures and, as a result, acknowledge the inaccuracies. As one MPhil student stated:

> ***Most of the books that we are using are foreign and so some of the things are not happening here as they have written them from other places. So it is good that people***

> ***like [UA faculty members] come here, so when they are writing again, some of the things that they address will be more culturally based [because of what they have experienced in Ghana]. (FG-1)***

While most participants acknowledged that partaking in this international development project promoted cultural awareness, some wondered how this might be determined other than subjectively. For example, one UA participant questioned:

> *I cannot imagine that it doesn't have an effect and I would like to think that means we're much more culturally aware, we're more sensitive to what is happening internationally, we're sympathetic, we're understanding, we're the whole buzz word 'culturally sensitive' but I don't know. (06)*

Another institutionally desirable *benefit* for the UA Faculty of Nursing that unfolded serendipitously from the project, and was not in the original grant proposal, was the opportunity for the fourth year UA baccalaureate students to complete an international clinical practicum in Ghana. As one UA participant stated:

> *From 1999 we sent [some of] our senior practicum students to Ghana for their final 340 hours of practicum because we had faculty there. Perhaps, it was thought that might happen but it certainly wasn't in the original proposal or anything. (13)*

This international practicum has *"for [our UA] undergraduate [nursing students] it has been an amazing opportunity for them" (06).* The UG School of Nursing fully supported the idea of UA students going to Ghana. As one UG participant noted: ***"The benefit to UA and to Canada is that we have their students here [in Ghana] for a clinical experience and we make various conveniences [arrangements] easier for them" (28).*** For some undergraduate students this international opportunity changed their career trajectory. A UA participant noted: *"Some of them have changed their minds about what they're going to do. We have one [UA undergraduate student] that's gone to Uganda with Medecins San Frontières" (13).* Also, there was interest expressed by UA graduate students to carry out their thesis or dissertation research in Ghana: *"It has been a vehicle for other students to pursue their international interest in their studies" (06).*

There was a strong perception by the UG MPhil students that contributing to each others' education was a two-way exchange. Having 4th year UA undergraduate students come to Ghana

for their clinical practicum and having the UG MPhil students go to Canada for their six week practicum provided academic contributions benefiting both partners. As one UG MPhil student stated:

> ***I think a partnership it is not only the University of Ghana that is supposed to benefit from the program. The University of Alberta also sends their [undergraduate] students [to Ghana]. They come once a year and join our students at the undergraduate level and do clinical and theory work so both universities are benefiting from the partnership. (FG-1)***

For the UG School of Nursing, a predominant professional and institutional *benefit* was the opportunity to build human resource capacity locally. A UG participant stressed that in his experience with these types of international development programs: ***"it is better to groom persons locally" (31)*** and a UA participant stated: *"offering training in the country is far more successful in terms of building capacity and having sustainability" (18).* A UG participant stated that with this partnership: ***"I believe we should be able to retain some scholarly minded nurses who will keep the Department going" (23).*** Other UA participants reinforced this notion of building capacity in Ghana in relation to the number of Ghanaian nurses who will choose to remain, rather than migrate to another country. As one UA participant related: *"The developed world steal nurses from the underdeveloped world and there is a thought that if the nursing students stayed in Ghana by and large mostly they would not want to stay in the developed world" (03).* As well as building the human resource capacity for the UG School of Nursing, there was a perception that these MPhil nurses could potentially assume other leadership roles in the public sector. One UG participant noted in the beginning:

> ***There was quite a lot of discussion with the Ministry of Health, particularly the Human Resource Division. It was actually recognized as essentially an important avenue for staff development for nurses, so that they could be educated at a higher level, so that they could come into management positions in the health sector and contribute. (26)***

With MPhil nurses acquiring a research background there is the potential to have a positive impact on the health of Ghanaians. In the words of a UG participant:

> ***If we are able to attract more people into nursing, the quality of care and evidence for quality will improve because research will be a major benefit that comes out of this. As well, the health status of Ghanaians using our facilities will improve. (31)***

Some MPhil students who had either completed their theses or were in the process of data collection also described the benefits of conducting nursing research for providing evidence-based nursing practice rather than nursing practice based upon opinions. The MPhil students discussed the importance of identifying problems in their own context and then looking for solutions through research. As one MPhil student summarized: ***"I think it is like my colleagues have said, [research] is one area that this partnership has brought so that we are not just using opinions to solve [health related] problems" (FG-1).*** Moreover, there was a perception by some UG participants that the benefits of nursing research would elevate the status of nursing in Ghana:

> ***We all know the benefit of research in our profession especially in a developing country. Research helps us update our knowledge to find new avenues for doing things, so I think although there may be initial costs, I think in the long run the benefits will be so immense that it may help us consolidate our position in the College of Health Sciences. (20)***

Many MPhil students supported the notion that well-educated nurses will ultimately benefit the health of Ghanaians as: ***"This certificate [degree] is going to allow students to be valued outside, not only in Ghana but outside Ghana too. People are qualified and will have skills that will benefit the organization or meet the needs of the people" (FG-1).***

Other institutional benefits for UG School of Nursing were the resources garnered, in the beginning, to assist getting the MPhil program started. A UG participant stated:

> ***We were lucky to get a minibus for the program to take the students to the clinical areas. I think even the computers are all from the program. We even have library books as somebody from UA came to help the librarian set up the library. I think we have really benefited a lot. (20)***

There was the perception by some UG participants that while both partners benefited, the benefits were greater for the UG School of Nursing in terms of the funding support that allowed UG to

build its capacity, and the accompanying benefits for the MPhil students. As one UG participant stated:

> ***I would say this partnership is largely to the benefit of the faculty. I think the project support from UA to the UG School with the grants going into developing some of the faculty members. This external exposure to the UA will build their [UG School of Nursing] capacity in running the MPhil [program]. (26)***

As well, some MPhil students expressed that the UG was receiving more benefits. As one MPhil student stated:

> ***I want to emphasize that we have a greater share of the benefits from Canada, but at the same time as my colleague was saying we also have certain things to offer. . . .What I am saying is that there is equal benefit depending on how you value it. . . . It depends on the agreement that was agreed upon. Because somebody may also contribute by sending certain products to equalize what has been provided. But in every partnership, it depends on the laid-down procedures and processes to which every member within the partnership agrees. (FG-8)***

Other UG participants described how communicating by e-mail allowed for immediate interaction among the partners and reduced mailing costs: ***"Modern technology like e-mail and voice mail has made communication between the two groups a bit easier. We have students send their work [via e-mail] without any extra costs to them" (20).***

As well, the opportunity for the UG MPhil students to access the UA library for current references for their research in Ghana was perceived as a benefit. As one UG participant commented, ***"You can get recent studies [at UA] instead of looking into books here [at UG] which has also been another aspect that we have really enjoyed" (20).***

Lastly, another positive benefit from this international development project was a perception by many participants of a gradual positive awareness and acknowledgment of the international development work they were doing. UA participants suggested: *"I think this project mapped out a terrain for international health on campus that wasn't necessarily there before." (16),* and

> *I think it makes nursing on this campus a little more understood and recognized as being internationally innovative. . . . It has certainly been recognized by our international office and the President. I think that is good for a faculty to have that recognition and that it's not insular. (06)*

Similarly, a UG participant described the potential positive perception the UG and the public sector may have, acknowledging Masters educated nurses, *"Sometimes people get to know about the success and want to be part of the success." (36)* As well, one UG faculty member mentioned that educating masters-prepared nurses has made the School of Nursing a part of the UG graduate school and as a result, *"we know what is being done" (35)* within the UG.

Chapter Summary

In the preparatory phase, both partners revealed the central themes of *Taking the Opportunity, Associating,* and *Committing,* which emerged as critical processes for the successful forward momentum of the partnership and sustainability of the project. Although there were similarities and differences in how a particular situation may be perceived, the overriding themes and sub-themes that emerged during Category One, *Getting Started* were similar. There was a strong desire, for example, by both partners to take the opportunity to partner together based upon a level of readiness that was unique to their particular situation. Data collected from the UG MPhil students also supported many of the findings in the *Getting Started* category. The next Chapter will focus on a discussion of the implementation of the project, Category Two, *Keeping it Going.*

CHAPTER SIX

KEEPING IT GOING

In this chapter focus is on the Second Category, *Keeping it Going,* in which Theme D, *Learning* and Theme E, *Accommodating* emerged as central themes (see Figure 3). During the implementation of the project, potential areas of conflict were generally resolved through learning or accommodation. Within Theme D, *Learning*, the four sub-themes or processes of *consulting, contributing/reciprocating, mentoring,* and *modeling* were identified. *Adapting/adjusting, sacrificing, compromising,* and *deferring* are the sub-themes or processes within Theme E, *Accommodating.*

Theme D: Learning

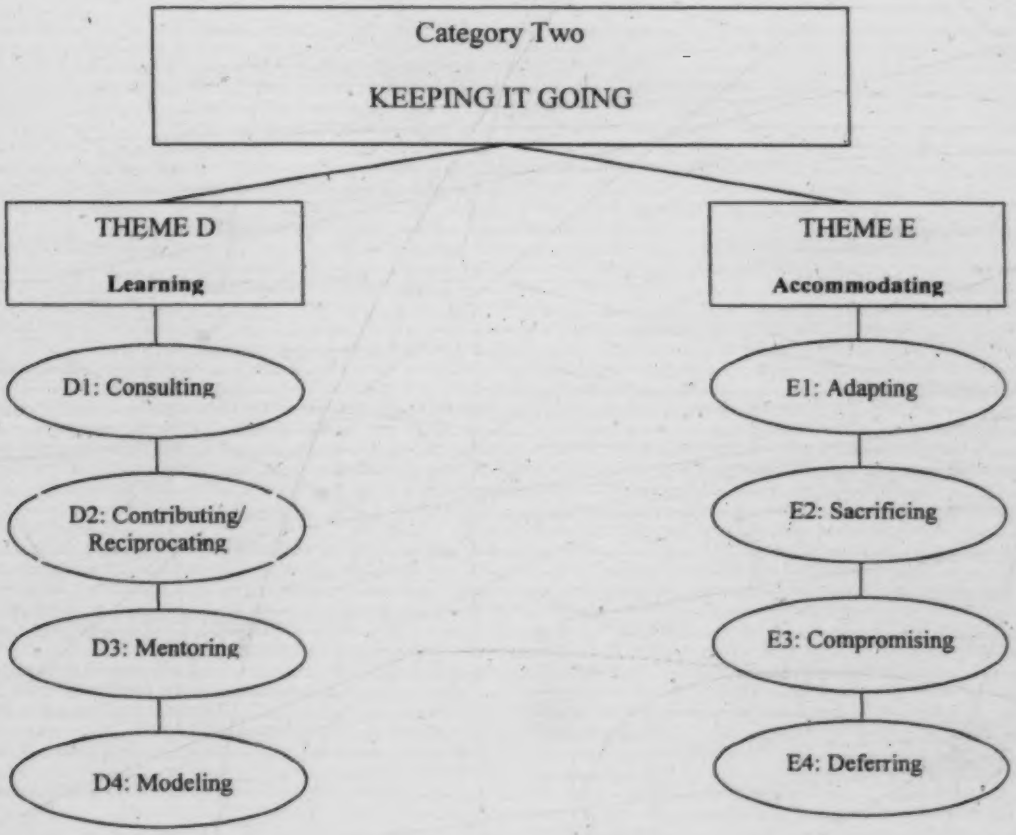
Within the theme *learning*, the participants perceived that they *learned together,* as well as *learned from others. Learning* referred to acquiring knowledge between the UA/UG participants as the project unfolded. Some UA participants perceived that working in another country mandated an environment for learning from one another. As one UA participant stated:

> *It really was we were there to learn from them. We have had a tremendous opportunity to learn about working in another country, learning in a different culture and under a different set of circumstances. So I think it's been a mutual learning. (04)*

Similarly, a UG participant commented: ***"When we are partners we learn from each other like sharing our thoughts and encouraging each other. Collaboration [is what] partnership means to me" (35).*** Another UG participant noted: ***"If anything we are learning from each other so there has been mutual understanding" (20).***

As well, *Learning* emerged as a theme expressed by all of the MPhil students. Some UG MPhil students emphasized that the Ghanaians and Canadians needed each other because both partners were continually *learning* from each other as the project unfolded. As one UG MPhil student commented: ***"We need them and they also need us because they learn a lot from us as we do learn from them" (FG-4).*** An MPhil student described that discussing various nursing theories with the UA faculty members provided a learning opportunity for the Canadians and

Figure 3. Keeping it Going is the second phase of the partnering between Canada and Ghana.



Ghanaians to view these theories from other cultural perspectives: ***"Now that the Canadians have had an opportunity to come here, when they are discussing things like nursing theories, they are going to discuss it with a broader perspective now" (FG-1).***

Also, some UA/UG participants acknowledged the learning they perceived each partner was gaining throughout the project. Regarding the UG participants, a UA participant stated: *"They had a steep learning curve about graduate education. . . and how the system in the university [works]" (04).* Moreover, a UG participant described the learning that UA faculty members were acquiring as: ***"It gives [them] the opportunity to develop some discipline that they would otherwise not have. . . . I mean if you come to Africa the only response to time is problematic time. If something comes up at 4:00 o'clock, you might probably have it [your meeting] about 5:00 o'clock or 4:30pm" (27).***

Some participants spoke about the amazing *personal* benefits that embarking on a project like this provided them, specifically in terms of *learning* about the differences and similarities of their counterparts, health care systems, and countries. One UA participant described it as a *life-changing* learning experience:

> *It has been a growth experience in learning about a different country. The opportunity to visit another country and meet all sorts of new people and to learn some of the challenges that they have in nursing and education, I think makes you appreciate what you have. We complain a lot about some of our system, but we have it good. I think it helps to make you thankful for what you do have. But I think it also broadens you as a person and certainly in terms of your professional skills too. I've learned a lot about primary health care and how you work around things that we wouldn't even think about. (04)*

Another UA participant recounted how her experience in Ghana differed from her preconceived notions about what it might be like: *"I did learn that things in Ghana were not as bad as I thought. I thought this is a developing country, so everybody is living in grass huts and that kind of thing" (02).* Similarly, a UG participant described her observations of what she experienced when she arrived in Canada:

> ***Going to Canada was the first time that I had ever traveled outside of Africa. I saw how well organized your health system is. You have insurance policies. Also the University***

> ***hospital is almost a part of the UA nursing faculty. I can tell you that even though we are in the nursing department we are not part of the hospital. (21)***

Other UG participants noted the benefits of traveling out side of Ghana, ***"It's good to travel and see things and know things that are different" (28).***

On a *professional level* there was a perception by some participants that co-teaching and co-supervision of the UG MPhil students with their international counterparts enhanced their skills as teachers and supervisors. One UA participant stated: *"the partnership gave me the opportunity to develop skills to teach in an international setting" (05).* Similarly, a UG participant with teaching experience at the undergraduate level stated:

> ***This was my first time teaching at the MPhil level so it prepared me to gain the experience to teach at this level, although I have been teaching at the undergraduate [level]. . . . It has also given us the opportunity to supervise their [MPhil students] thesis, which again is not the same. The undergraduate program is different from the MPhil program especially the qualitative part, as most [of the MPhil students] are doing qualitative research. (20)***

MPhil students, who had completed thesis research or were at various stages in the thesis process, expressed how much they had learned. This was the first time for the MPhil students to conduct qualitative research. The MPhil students agreed that qualitative methodologies were appropriate for the questions that they were exploring. They had found the thesis to be a challenging, but often rewarding, learning experience. An MPhil student commented:

> ***What I will say is that with our theses, it looks like we are the first group of people in this university to be doing qualitative work. Essentially most of [the research in the past] has been quantitative. I know that one or two of my colleagues for their external supervisors or co-supervisors outside of this faculty had an initial problem with people understanding why we wanted to, for example, have ten participants in a research study. So it has been a learning process. . . . My supervisor was quite open to it and she didn't have a problem with my choice of a qualitative study. (FG-1)***

There was a perception by some UA participants who co-supervised the UG MPhil students that this learning experience significantly changed their thinking about how they would interact and teach international nursing students enrolled at the UA Faculty of Nursing in the future. As one UA participant stated:

> *I think that the faculty who have gone to teach there have been amazingly enriched by the experience and so it's had that added benefit so that those of us who've gone and those of us who have done thesis supervision actually 'get it'. (08)*

Another UA participant voiced a similar perspective about working with international students: *"I think faculty who've been involved in international experiences like Ghana are probably in the end, far better supervisors than perhaps those who have not" (16).*

Other UA participants emphasized how much they learned from the UG MPhil students and the UA fourth year baccalaureate students who completed their international practicum in Ghana. One UA participant described a learning experience she had while supervising an MPhil student's thesis as: *"She taught me a lot about what it's like for moms to have babies over there and what the challenges are" (14).*

Another UA participant described attending a presentation by a UA undergraduate student and learning how nurses in Ghana care for clients with AIDS. The Ghanaian nurses were assessing approximately 500 clients per day in an out-patient clinic. Many of these clients had AIDS and many would not return for follow-up care. The nurses had limited time to spend with each client but they diligently tried to incorporate the clients' beliefs of how AIDS is transmitted into the teaching they provided in order to prevent the further transmission of AIDS:

> *Instead of going into the approach that we use in our country which is to explain the germ theory, I remember the student saying 'here was this nurse and this woman'. Basically she [the nurse] said 'Okay, the reason you use condoms is the AIDS goes into the condom and then you throw it away'. I was amazed because that's not quite true, but you work with their [the clients] myth and you've got [only] 30 seconds with someone. (16)*

At the *institutional level,* some of the UG participants perceived that the development of the MPhil graduate program elevated the status of the School of Nursing within the university. As a result, faculty members were invited to participate in meetings that provided them with new understandings and perspectives of what was occurring within the UG academic structure. One UG participant described how this opportunity provided them with another forum to *learn from others* within the UG academic structure, ***"We have also been sitting on [other UG] boards***

because of having an MPhil program. We are learning from others [as] we are now a part of the [UG [Graduate School so we know what is being done" (30).

In addition, some UG participants acknowledged that there was a preconceived notion in Ghana that older nurses were unsuitable candidates for higher education. As one UG participant explained:

> ***I'm not saying this in a derogatory way, it's rather on the positive side, that women who normally at that stage in their lives in the Ghanaian context would be engaged in family care, have managed to go through this [the MPhil program] and this I would say has broken a certain myth. Yes and a lot of them I believe are thinking it wasn't true that they [older women] can still learn and even learn at a higher level. (31)***

The project proved that the older age females in the UG MPhil program could be successful. As a result, the UG participant stated: ***"Anybody who has interest in learning is a friend and I'm willing to support that person" (31).***

Sub-theme D1: Consulting

During the implementation of the project, the sub-theme, *consulting* emerged as a critical element for the ongoing decision making concerning the learning requirements for the UG MPhil program. The notion of *consulting* that emerged referred to the importance of including the perspectives of both partners in order to arrive at mutually acceptable decisions. As one UA participant stated: *"I think as far as I can see there is a fairly clear decision-making framework, but there's also a very deep consultative mechanism" (07).* Consultation occurred on multiple levels; amongst the UA/UG Project Directors on an ongoing basis; between the UA/UG faculty members involved in co-teaching/co-supervisory roles; among the UA/UG Management committee members; and with the UA/UG Advisory committee members. As one UA participant stated:

> *I think one of the things that the Ghana project, the nursing project has done well is having regular interchanges, not just between the principals of the project, but between a variety of levels, people like yourself and others who've been out there, who come back and bring different perspectives, but also bringing people here from Ghana who've said, 'okay, but that's not going to work here with us in Ghana we need to try this'. And I think those are the kinds of elements that you need to sort of try to pull through. (07)*

Likewise, other participants acknowledged that the ongoing consultation between the partners assured that common goals were met. As one UG participant stated: ***"The important issues of constant and regular reviews to make sure that you are working towards that goal" (26).*** Similarly, a UA participant commented: *"The big part of the success is listening to both sides, to the issues and concerns and questions and puzzlements on [both] sides and how we can work together for the end, but always keeping the goal in sight" (04).*

There was a perception that a structure for decision making was in place that fostered consultation. Each year UA/UG Management team members would convene in Ghana to *"decide what we are going to do in the next year" (01).* A UA participant commented, *"The decision making process has in general, been sort of democratic. I mean, that it, it's not been driven entirely from this end. There has been a lot of consultation with our partners" (07).* Similarly, one UG participant commented on the ongoing consultation between the UA/UG Management Teams:

> ***I think major decisions are more or less made at the Management Committee held every year towards the end of the second semester. We have people coming from the University of Alberta and we have people in different positions apart from the Department of Nursing, we also have other people also joining. So I think most of the major decisions are taken at this meeting so everybody has a chance of contributing. It's not like something that is taken and then imposed upon us. Here we have a chance of maybe discussing the pros and cons of some of the major decisions that we want to implement. I think it has worked favorably because I cannot remember any occasion that we haven't had consensus on what we wanted to do. (20)***

A UG participant described the discussions that would occur at the yearly joint management meeting as ***"talking about [any] problems and also about student evaluations at the end and during the course" (28).*** One UG participant described the importance for consulting the UG Advisory Committee members during the implementation of the MPhil program because they were well versed in ***"the rules and regulations of the university" (28),*** which was useful when decisions needed to be made.

Also, there was a perception of a strong, ongoing, consulting relationship between the UA/UG Project Directors. One UG participant commented on the agreement about the standards that would be used to guide the project:

> ***I think the point that [both] Alberta and the UG have their own standards and that [UA] is satisfied with the UG standards [which became] the guiding force. All of them agreed on the rules of the game; and that's very important. They agreed that these are their rules and these are our rules. (22).***

The strong international background of one of the UA Project Directors permitted a better appreciation of some of the issues and concerns that might occur. As one UA participant commented: *"I think certainly (Name's) background and her international experience [assisted with] negotiating UA values that may be a little different from the UG's values in terms of education. I think she understood many of the issues" (05).*

A UG participant articulated the consultative process that occurred with the UA counterpart in the course development, and then co-teaching with each other: ***"[The UA faculty members] spent up to four months here and we enjoyed meeting and working with them and advising each other" (28).*** As well, there was a perception by many of the MPhil students that the UA/UG faculty members during the preparatory phase of the project worked collaboratively in contributing to the development of the curriculum for the MPhil program. As one MPhil student commented: ***"The faculty must first of all meet and then [plan] the curriculum that is favourable to both sides" (FG-4).***

Conversely, there was a perception by some participants involved in the teaching and supervisory aspects of the project that there was no direct consultative mechanism by which to have their suggestions/opinions heard. As one UA participant stated:

> *I felt that I had some insight that might have been helpful but it wasn't part of the structure. It was kind of similar to how things operate in Ghana a bit hierarchical. . . . It seems to me that some of the faculty who had been involved with teaching as part of the project it might have been useful to have a more direct way for them to have input into the management of it. (05)*

The UA participant described a couple of issues concerning computers in Ghana. The UA Faculty of Nursing had shipped some used computers to Ghana but *"I really felt from what I saw in Ghana that the intention was good, but there was no support there to get these computers hooked up, in fact, in my time there they sat and collected dust" (05).* The UA participant noted that computers designated for the UG MPhil students would often be used by UG faculty members, allowing minimal access for the students. The UA participant stated:

> *We really didn't have any power to kind of mediate in that situation. . . . That would be an example of an issue that came up that we really felt kind of powerless to do anything and really didn't have a mechanism to give that input in a meaningful way. (05)*

Similarly, UG participants perceived that they did not always have an avenue within their school to provide input. As one UG participant commented: ***"If I am invited into a meeting 'fine', if I'm not invited, I don't know what is going on. [I] may see people here and I don't know why they are here. . . . I think people should be more involved" (24).***

Sub-theme D2: Contributing/Reciprocating

The sub-theme *contributing* was critical to the joint ongoing development and implementation of the UG MPhil program. Accompanying the notion that both partners were *contributing* was the notion that it was *reciprocal.* As one UA participant noted:

> *I think the other piece of it is reciprocity in terms that it's not all one sided. We are gaining a lot at the UA as well as we are contributing in Ghana. Which means that the UG is contributing a lot to the development of our internationalization here so there is reciprocity? It's not a project where there's one winner and one person giving sort of thing; it's mutuality and reciprocity that I think is probably critical to the success. (01)*

Similarly, one UG participant stated: ***"There is mutual reciprocity so it is a 'give and take' partnership" (22).*** There was an overriding perception by the UA/UG partners of mutually *contributing* to the ongoing development of the project in various capacities such as providing funding, making *in-kind* contributions, exchanging knowledge and approaches, and sharing the work load. Acknowledging the contributions each partner could provide reinforced the reciprocity embedded in the partnership.

The MPhil students perceived that *contributing* to the development and implementation of the program was shared by the partners. As one MPhil student stated:

> ***Every partnership should have an offer, an acceptance and also a contribution; it is bi-relational so no matter how small your resources, I think you also have certain things to contribute maybe not in cash or in technological developments, but you also have something to offer. It depends on the resources that you have and the resources of your partner. (FG-2)***

Another MPhil student stated:

> ***I will share what I have gained in my country with them [the partner] and they will also share [what they have gained] with me. It will improve both sides [UA/UG] of the profession by promoting [and sharing] our education or clinical areas. . . . Two people having a common objective. They are all [everyone is] contributing for each others' benefit so that one is not moving while the other is gaining. I will give you something you don't have and you also [receive] something from me which you also don't have. That is partnership. (FG-1)***

There was a plan of the contributions that the UA Faculty of Nursing and the UG School of Nursing would make. The partners decided that all courses would be co-taught by UA and UG faculty members the first two times they were offered. During the first year of the UG MPhil program, UA faculty members would assume the lead teaching role while in the subsequent year, the UG counterpart would take the lead teaching role. Starting in Year Three of the program, all courses would be taught independently by UG faculty members with the exception of thesis seminars. As one UG participant commented:

> ***After the first year, we followed the same pattern, but this time it was put together with the UA Professors blended with a UG lecturer. So some of the parts were handled by us and some by them for the second phase of the project in the second year. . . . Then in 2003 we took over and we taught those courses on our own. (30)***

In terms of thesis co-supervision of the UG MPhil students, there was a perception that both UA and UG faculty members were learning and contributing. The UA faculty members helped the UG faculty members to understand qualitative research, the methodology that most of the UG MPhil students used, and to develop graduate level supervisory skills. One UG participant stated: ***"The project is coming to an end and therefore we came to [Edmonton to] attend this qualitative workshop. As well, when [Name] was in Ghana she gave a thesis information***

workshop" (30). The UG faculty members contributed to an understanding of the context of the UG MPhil students' research.

While each partner was contributing to the UG student thesis supervision, there was a perception by some UA participants that they were not receiving feedback from their UG counterparts in a timely manner. For example, one UA participant stated:

> *I'll send a copy to my counterpart, but [UG co-supervisor] hasn't sent me a copy of her comments which is a little frustrating because you don't know how much work you're doing and how much work [UG co-supervisor] is doing and whether [the co-supervisor] agrees with what you're doing. (11)*

Another UA participant commented: *"I think we always knew that this part would be the hardest, the thesis supervision as that was the part that they had no experience" (08).* Most of the UG faculty members were aware that their UA counterparts were shouldering most of the thesis supervision. As one UG participant noted: ***"but for the thesis supervision, we haven't grasped. . . . We teach in the graduate program, as well as the undergraduate program, and there are only four of us doing that, so it's a big burden for us" (30).*** Participants agreed that UG faculty members were often unable to provide feedback because of time constraints and not lack of interest. One UA participant stated that *face-to-face* discussions with the UG co-supervisor about a UG MPhil student's progress went well:

> *We had good discussions and we really pushed one of the students through an oral [defense], so she could get to ethics. The [UG co-supervisor] decided we would get this all set up and get it done and we did. It's not a lack of willingness, but again it comes down to this, too much to do. (11)*

The overall perception of the partners was that both were contributing to the project by working collaboratively. They also perceived that everyone involved in the partnership in some capacity was working hard. One UA participant stated:

> *I think that maybe one of the things that is really important is that there is no perception that one partner is working harder than the other one. I think that there has been a fair amount of egalitarism in terms of workload. I hope people feel that way. I think sometimes people think that they are doing more than others, but I think in reality, when you look at workloads in both places, there is a lot of work being done. (01)*

Similarly, a UG participant stated: ***"No one's saying 'Oh well, they would have gone farther if the other side would have done more.' There's none of that. We are very co-operative in working together in [our] approach to getting to an end" (29).***

Another UG participant emphasized the importance of sustaining a viable partnering relationship where both partners contribute in some way. First was the perception by the majority of UG participants that partnering included both sides contributing what they could. As one UG participant stressed ***"even the poor have something to contribute" (28).*** Second, in order to sustain the project to its completion and beyond, both partners had to demonstrate their ability to contribute. One UG participant asserted:

> ***Our strength as an institution was assessed because in the first year, if we only depended on one side Canada to give without us contributing anything, then there would not be any sustainability when the project ends. The University of Ghana also contributed to the program. (30)***

This UG participant emphasized that while the grant contributed monetarily to get the project started, the UG was also able to provide significant *"in-kind"* contributions.

Sub-theme D3: Mentoring

The sub-theme *mentoring* emerged as another element for facilitating the partner's learning during the implementation of the MPhil graduate program. *Mentoring* referred to an experienced and trusted UA/UG participant who acted as an advisor or guide to another UA/UG participant with a particular need. One UA participant described the importance of mentoring as:

> *Knowing each others' strengths, the areas that need work, being there for one another, and being able to mentor each other. I am thinking of an individual, as we all have different strengths and weaknesses so being able to complement one another, being able to teach each other, support each other [while] working together. (14)*

Two types of *mentoring* relationships evolved between UA/UG faculty members, and between UA faculty members and UG MPhil students. The first type of mentoring between the UA/UG faculty members consisted of facilitating their learning during all phases of the MPhil program; for example, openly sharing ideas about course development, teaching, and thesis supervision. Some *mentoring* relationships evolved into tangible personal/professional benefits

for both partners. For example, professional skills in revising papers for publishing were enhanced. As one UG participant stated:

> ***The individual members who have been partners have also gained because talking about my papers, it taught me to update my papers and maybe to present them for promotion in nursing. So although it wasn't part of the main [project], individually they [UA nursing faculty members] were also building us up. (20)***

The second type of mentoring relationship formed between UA faculty members and UG MPhil students and consisted of providing guidance to the MPhil students. Strong *mentoring* relationships formed between some UA faculty members and some UG MPhil students during the co-supervisory role. As one UA participant stated: *"I know that (name) she established a strong relationship with me, but it was linked with her thesis project, but it was also outside of her thesis project" (12).* This professional relationship continues.

As faculty members continued to work closely together over time, collegial relationships sometimes led to strong mentoring relationships. One UA participant, for example, perceived a strong mentoring relationship between two of the Project Directors, one from Canada and the other from Ghana, as the continuation of a supervisor/student relationship established prior to the development project, stating:

> *I mean that's a very strong mentoring relationship that formed. We've all been through that ourselves and so we know how strong that can be either positively or negatively. I've had one of each in my experience and to me that [mentoring] relationship, I think was one of the critical factors in how successfully this whole project evolved. (12)*

In addition, some participants described the importance of encouraging and continuing *mentoring* relationships between the UA/UG faculty members, UG/UG faculty members, and UG faculty members and UG MPhil graduates at the completion of the project.

Sub-theme D4: Modeling

Modeling, emerged from the data and was referred to as a learning technique for demonstrating various graduate teaching and supervisory methods/techniques between the UA/UG partners. The initial plan was that UA faculty members would take the lead role for the first year, *modeling* how to teach and supervise graduate students. As one UA participant stated:

> *There were places where we had to take more leadership and less leadership, but it was a partnership and eventually the Ghanaian faculty had to take this one. We had to try and help set things up in such a way that they would be able to do that and to be working with us and role modeling that they could in fact take over. (08)*

Another UA participant commented: *"In the thesis supervision area we were supposed to be training them and be role models" (12).* This was the first time for the UG faculty members to be teaching at the graduate level, and as one UG participant stated, the UA ***"was like a role model" (20).*** Another UG participant noted: ***"The courses were taught by the professors from UA while we were based in Ghana and we saw what they did" (30).*** Another UG participant described the *modeling* process that was to occur by the UA:

> ***The Canadian professors would be teaching and [UG nursing faculty members] would sit in the lectures and would understudy them for a period of two years. After that the [UG nursing faculty members] would be teaching and after the fourth year the Canadian professors would withdraw completely. (21)***

This comment revealed a misunderstanding of the intent of co-teaching. In fact the UA faculty would lead in the first year of implementation with the UG faculty assuming the lead in the second year. The plan was for all courses to be co-taught, including during the first year of implementation. In practice, this model was not followed consistently.

The intention was that *modeling* teaching would help facilitate the UG faculty members' understanding and confidence for teaching at the graduate level. One UG participant spoke about differences in the way UA/UG faculty members interacted and related with the students. The UG faculty member perceived that the flexible environment created by the UA faculty for relating with students, in many ways, resulted in better learning outcomes than did the UG system. The UG participant thought that this exposure to other ways of relating to students could help them, noting:

> ***I don't know how to put this, but our way of dealing with [the MPhil students] may be different from the way you deal with students, but we are also learning from you how to be flexible, so that we can get good outcomes from [the MPhil students] other than what we used to do. (20)***

MPhil students perceived that they were gaining more confidence in themselves as professionals. As one MPhil student stated: ***"You're so transformed and have so much confidence in yourself that wherever you see yourself, you look at things differently and in a more professional and intellectual way" (FG-3).*** The students expressed that the focus of the learning was student-orientated. It was an approach that they viewed positively and that they would like to use in their future teaching. In addition, some MPhil students had been taught by more senior MPhil students working as teaching assistants and were appreciative of what the MPhil (Nursing) program was achieving. As one MPhil student asserted:

> ***I am very grateful because their input has made me see that they are being prepared well. The program has helped them to be able to also help me. I don't see their input as a minus; I see it as a plus because even to have the confidence to face graduate students is not easy. (FG-4)***

Another MPhil student commented on how they were learning much from the UA and UG thesis supervisors that would be helpful with other students. As one MPhil student stated: ***"I am learning a lot from my supervisor in Canada. It has given me the orientation which I can [use to] help other students" (FG-3).*** Similarly, another MPhil graduate teaching in the MPhil program commented how she was now modeling some of the teaching approaches she observed when the UA faculty members were working with the UG faculty members:

> ***I watched the professors teaching and the way they went about it. The course outlines were so organized and we understood the lectures. We were able to participate and I think we learned a lot from them. I always remember how things went and I am also teaching now and use [what they did]. With the academic work the professors have taught a lot. They are good mentors and we are going to copy what they did. (FG-1)***

Some UA faculty members supervised the UG MPhil students through *modeling*. As one UA participant noted:

> *I did a little modeling with my graduate student who was there finishing her thesis. I would sit with her, side-by-side which is what we do. . . .You sit there in the heat, sweat running off your nose and just work with them like they're a colleague. (03)*

The UA faculty members who used *modeling* with the UG MPhil students perceived that this would be a useful way for them to learn what is expected of them at the graduate level.

Theme E: Accommodating

Accommodating to each others' *cultural differences* was a pervasive theme in the data, and contributed to *Keeping the Project Going*. *Accommodating* referred to the UA/UG participants' willingness to be open to each other's cultural differences and make adjustments as needed. Sub-themes or processes within Theme E, *Accommodating* include *adapting/adjusting, sacrificing, compromising,* and *deferring*. One UA participant stated: *"I think there has been a lot of cross-cultural accommodation. Certainly when I ask my current counterpart at the University of Ghana what has been the most difficult for her, her response has been the cultural differences" (01).* Another UA participant noted:

> *I think the strengths have been our efforts to try and understand to the best of our ability that there are great cultural differences. . . . I think [the] attempt on both sides to be accommodating to the other, I think has been a major strength within this. (12)*

In agreement, a UG participant noted: ***"One thing we need to bear in mind is cross-cultural differences" (24).*** *Accommodations* made for cultural differences varied, perhaps based upon where participants were situated in the project, their previous experience with international work, and/or if they had previous exposure to each others' culture.

There was an overall perception by many participants that the *other* partner made more accommodations to successfully move the project forward. As one UA participant asserted:

> *I know that the Ghanaian side has made tremendous accommodations to us. We're not even aware I don't think of the accommodations that they've had to make [for] us. . . . Their willingness and their accommodation to our unique foible [is something] that we're not even aware of. (12)*

Another UA participant relayed: *"I don't think we still know where all the cultural differences are. My guess is our Ghanaian counterparts are much more aware of them than we are because they have accommodated to us" (01).* Similarly, UG participants expressed how the UA partners were always trying to make accommodations. As one UG participant stated: ***"They would always want to find out how they can accommodate the University of Ghana system, and their system,***

and that flexibility was also a very useful thing that helped the system move on" (31). Another UG participant said:

> ***They are able to cope with all of these things, culture shock and all those things, such as the unfriendly environment temperature wise. As you know it is deadly hot in Ghana. But they were able to accommodate to all of these things and they also wanted to help us achieve something. (30)***

Sub-theme E1: Adapting and Adjusting

Adapting and *Adjusting* to the diverse cultural differences that UA/UG faculty members encountered at various periods were important processes through which accommodation was achieved. One UA participant stated: *"I think a lot of adjustments have been made on both sides. I think there has been an attempt to try and make it as equal as possible" (01).* These two processes are placed together as one sub-theme as conceptually they have related meanings. There is a distinction, however, between the two terms. *Adapting*, meaning *the idea of someone trying to adapt to a new situation*, is accomplished through *adjusting.* While the partners made accommodations for each other, also emerging from the data was the importance of mutually attempting to appreciate the *other's perspective, understanding what each other was communicating,* and *being culturally sensitive.*

In terms of being able to adapt and adjust to cultural differences, many participants perceived that it was helpful to consider a particular situation from the *others' perspective.* As one UA participant acknowledged: *"I try to understand it from their viewpoint, but I think its differing values"* For a UA participant: *"It's reality; to me I see it as something you have to accept in an international partnership" (05).* A UA participant expressed her perception of the UG School of Nursing counterparts' viewpoints of timetable arrangements noting, *"two to three hours late for an appointment is standard. I mean, you don't worry about it. They are very laid back [as] that is part of their culture" (15).* Additionally, this UA participant emphasized that finding ways to adapt and adjust to these cultural differences was part of working internationally: *"I think that sort of just goes with the turf [of] international relations. You have to figure out how*

to get along with two very different modus operandi" (15). For example, one UA participant articulated the importance of adapting to the UG Ethics Board timeline. If an MPhil student had a thesis defense and then submitted it to the UG Ethics committee *"she may have to wait three or four months so things get stalled" (14)* The UA participant stressed that even if the UG structure differed from that at UA it was important not to impose our structure on them: *"I don't think that we can go and impose on them" (14)* The participant acknowledged the importance of adapting to the situation stating, *"I'd like to see it changed, but it still got done. It's just that it's not maybe the way were used to" (14).* Some UA participants described the adaptations and adjustments they had to make when co-teaching with their UG counterparts in Ghana, specifically related to starting classes *on time.* UA faculty members would be ready to commence teaching at the specified time and the MPhil students were present, but the UG counterpart was late. As one UA participant stated:

> *You had to learn to adjust to a different sense of time and probably for me [that was] one of the most frustrating things to begin with. After a couple of weeks I was used to it, but I mean truthfully, when I think back it was probably the hardest. (11)*

Similarly, a UG participant supported the UA participant's notion of differences in how *time* was perceived: ***"The well-known problems of the Third World may impact on the development of the venture and so certain concepts of time that we [have] found a little lacking are some of the cultural differences" (23).*** As well, another UG participant emphasized the importance of trying to see the *others' perspective* in order to adapt and adjust:

> ***You really have to open your eyes properly and see from the other person's lens – you don't have to be myopic. You must be broad in scope to see widely, and specifically ask 'What does this person want and how do I go about it?' Maybe if I am given your view I am able to accept that person's view. (30)***

MPhil students perceived that it was important to try and accept cultural differences to facilitate achievement of project goals. As one MPhil student expressed:

> ***Both sides should be ready to accept the culture of each other because without that it would be very difficult for whatever goal we have to be promoted. . . .Some of the topics that we do discuss here [in Ghana] may not be of paramount importance over there [in Canada], but here they are important to address. . . . I think culture is very important***

> ***for some of the things that we have discussed. Previously in the Canadian system they have looked at things in a different way. (FG-1)***

Moreover, some UA participants explained that even when one was trying to understand the *others' perspectives,* it can still take a very *long period of time,* especially when one was interacting with two different cultures. One UA participant described working with a UG MPhil student who was struggling to understand the varying viewpoints of two UA faculty members, regarding the direction in choosing a thesis topic: *"We have this cultural thing here where [the student] is in my culture. [The student] sees me as being an important boss and [the student] also sees this other person in the seminar group as being the boss" (03).* Additionally, the UA faculty member found it difficult and frustrating to understand the UG MPhil student's perspective because of only having a short period of time to work with the student stating: *"This is like six weeks to get this thing rolling so it is a cultural thing" (03).*

Similarly, some participants commented on their ability to clearly communicate with each other in a cogent manner. One UG participant articulated how international work encompassed effective cross-cultural communication:

> ***International is a cross-cultural issue and communication is doubly important then, because it is understanding that expectations and communications are not always the same on both sides, so it would be important that both sides hear what the other side is saying and try to understand how it fits. (29)***

Understanding the other's perspective and how to communicate this with one's partner were identified as important elements for adaptation and adjustment to cultural differences. One UA participant described a co-supervisory situation in which the student would either send an e-mail message to the UA co-supervisor or UG co-supervisor, but not to both. This situation could have resulted in miscommunication if not addressed. As the UA participant noted:

> *When you have got so many people involved, you want to make sure that everybody's on the same page. . . .We reinforced with [the student] that anytime [the student] would send something, [the student] needed to include all of us. Then that way we knew that everybody had the same message or information, whether we all did the same thing with it was a different story. (14)*

In addition, although the partners emphasized the importance of appreciating the *other's perspective* and *understanding what the other partner was conveying,* they also acknowledged that this required an element of being *culturally sensitive* to one another. As one UA participant noted:

> *You have to be able to demonstrate that you're sensitive and prepared to change your view or work differently if it doesn't fit. They have to be able to see that before they will actually get to the point where they will feel comfortable about trusting you [in order] to work more closely with you. I guess really familiarizing yourself by learning from others with literature and talking to people who might be from that culture even in your own community to get a better understanding. (18)*

Some UA participants perceived that having prior international experience allowed another level of cultural understanding that would not necessarily be present with UA faculty members with no or minimal international experience. One UA participant recounted how based upon her past international experiences, she thought that the Ghanaian accent would not be a hindrance to understanding what they were verbally saying: *"I had spent some time in the Caribbean so was familiar with the types of accents that Africans who speak English typically have" (19).* Another UA participant had previously experienced a situation where she had difficulty adapting to another culture, whereas in Ghana she felt very comfortable. She stated: *"I could see many similarities to Ghana as it looked a lot like [the other country]" (08).* There was a perception, particularly by the UA participants, that possessing background knowledge in international work over an extended period of time enhanced cultural sensitivity. As one UA participant asserted:

> *To me the experience of having lived overseas is what helps you to become culturally sensitive and able to work across cultures, with other people even though the context was different. . . .But definitely I would say that international experience of any kind is going to be helpful to the success of this type of educational partnership. Well I guess I just feel having lived for example, in Sub-Saharan Africa for probably six years before I did this partnership, I had a very good knowledge of things like the views towards health, views towards education, just from my experience living there. It wasn't in Ghana but [I was in] other countries in Sub-Saharan Africa. There were definitely many similarities and many things I learned that were very transferable to Ghana. (05)*

There was a perception that possessing a level of cultural understanding was important for working well with one's partner. As one UA participant stated: *"You have to understand how*

people work. You have to have a pretty good cultural understanding, I think, if you're going to work effectively" (18).

A UA participant stated: *"Of course having people like (Name) who really understand the culture and have been there, knows these people well and can really put things in perspective" (14).* Another UA participant described the usefulness and importance for the Project Directors to have a strong international background for adapting and adjusting to the myriad of cultural differences encountered as the project evolved:

> *I think you need some mentorship if you're going to be a Project Director. But just me saying 'I think I can be Project Director for this' and not having done any international work or been involved in any of those projects in any way, I think is a key to failure, or you are setting yourself up for failure because you cannot even know what some of the issues might be. (04)*

UA faculty members with minimal or no international experience, working in the Ghanaian context for a limited period of time, or working with their UG counterpart for a limited period of time in Canada found it challenging to be confronted with situations not previously encountered. One UA participant with no prior international experience or involvement in the preparatory work for the MPhil program expressed how her notion of what a nurse academic should be differed from what she experienced when she got to Ghana:

> *Nursing would acclaim to the notion that they are possibly more culturally sensitive than a lot of other health care professionals and perhaps we are. I just haven't talked about the issue of culture, what it means to be culturally sensitive, but it is just something subtle and I went in with the notion; we're going to be working with academics. These are the highest, on the top of the heap in terms of nursing and right there I was setting myself up for this notion. That means different things in different countries. These are highly educated people, it will be slightly different, but there may not be the same barriers. (10)*

This UA participant articulated that her perceptions were based upon her own cultural beliefs and preconceived notions of what had transpired with the project to this point in time. The UG MPhil program had already been operational for one year, so the UA participant perceived that she would be functioning in a *supportive role* with her Ghanaian counterpart. What she discovered when she got to Ghana differed from her expectation. The UA participant continued: *"I am going in on the second year of this [project]. We have worked together to make this program work. So*

we have some cooperation on their part" (10). The UA participant assumed a leading role in the course being taught, which she had not anticipated. Her perception was that the UG partner was uninterested in taking a more active role stating *"I was developing the tutor, but I don't think she was interested" (10).* The UA participant, through self reflection, ascertained that she would have to make some adaptations and adjustments in her role that would be accommodating to both partners. The UA participant stated:

> *I struggled with that for a long time. I would say this is what I am going to do and this is how we are going to get through this. (Name) is not, I felt wasn't committed. It wasn't really facilitating the development of her at all. The focus was on the students, sharing my expertise. They will be the people that will carry the torch. So in that way I came to that resolve. I figured that out, but it took awhile. It was quite uncomfortable for a time until I was able to know what my role was. (10)*

Another UA participant with no previous international work experience described how she would often check with one of the UA Project Directors or another UA faculty member prior to sending an e-mail to the UG co-supervisor to be careful the wording of the e-mail would be culturally appropriate. The UA participant commented:

> *Before I send an e-mail to the co-supervisor about X, Y and Z, is there anything I need to know so that I don't kind of ruffle anybody's feathers or offend anybody, because that can happen too. What we might accept here as quite alright to do with an individual in another culture, it might be seen as disrespectful or some other thing. So in that situation I kind of took an intermediary step before I communicated with all the people that needed to get the message to just check out a few things. I think that is the strength of having people there that could say 'well at this end this is what's happening and you need to know this in order to understand why X and Y, and why it hasn't happened yet.' (14)*

As well, some other UA participants emphasized the importance of preparing UA faculty members for working with their Ghanaian counterparts, as more than just learning about Ghanaian culture. It was the opportunity to actually experience it. As one UA participant emphasized:

> *I think another thing we might have done is make sure everybody on the project team understood culture better. I think some did like (Name) as I think she is an expert in understanding. I think a lot of our faculty, including myself, thought we could understand it and learn it. We just have to learn what it is all about, but didn't live it as much as we might have. (16)*

Similarly, another UA participant commented about a *disconnect* between knowing one should be culturally sensitive when, in reality, one may not even know what that means:

> *I mean you know that you would have to be culturally sensitive, but you probably may not even know what that means. In order to do that, you may not have developed a relationship to be able to be comfortable in asking. I mean you might not know about the gift giving or things like that which may be important in some places. (04)*

This UA participant suggested that it might be helpful to have someone with international experience guiding inexperienced faculty members through the adaptations and adjustments to an unfamiliar culture:

> *You [need] almost a guide. I think that is absolutely key and whether that is a person in the country whom you're working with and can develop a relationship with who is willing to take on the role as mentor and saying 'okay this is what you need to do when you get off the plane' those kinds of things. (04)*

The thinking was that having someone else as a guide, like a mentor, might be helpful in assisting faculty members to adapt and adjust to the cultural differences encountered in that country. The UA participant emphasized, however, that this type of learning should be specifically targeted where the person is working with *"somebody who says these are the pieces that you need to do in order to do international work" (04).*

Under the sub-theme *supporting* some UA faculty members had attended a briefing session about Ghana offered by the Canadian Foreign Service Institute (Centre for Intercultural Learning) and had commented that the information was helpful on some level. Most of the UA participants, however, voiced that it was not until they were in Ghana and interacted with the people, that they truly understood what some of the cultural differences were. As one UA participant who had gone to teach in Ghana commented: *"It is an unbelievable experience in terms of human development in terms of really understanding what we mean by cultural issues" (10).* Another UA participant perceived that to fully appreciate some of the cultural differences that *"some immersion in the culture clearly helps. I mean the more you know, the greater understanding you probably get from it. For example, you cannot ever go over and in just one visit think you know everything about it" (18).*

In contrast, some of the UG faculty members who had previous exposure to North America spoke about their past experiences. One UG participant who had spent considerable time in North America articulated how she assumed a guiding role. For example:

> ***In my culture you can just walk in to see people without booking an appointment and they're always ready to see you. Whereas at the University of Alberta one must [first] schedule an appointment and be on time. I keep telling my MPhil students that when I am dealing with Professors in Canada, it is not like you walk into my office and say 'Auntie (Name) I want to see you'. You have to book an appointment and the appointment is set for you before you walk in there. You don't rush in and say 'I am here, so deal with me' as I present myself. (30)***

The UG faculty member expressed that when UA faculty members are in Ghana they adapt and adjust to the UG School of Nursing environment and allow the MPhil students immediate access:

> ***When they come to Ghana, they don't do that, they are just like us to our students, you can just go 'Professor (Name), I want to see you', 'Oh, come right in' that kind of thing, are you okay? I am okay, I am fine'. I see that they [UA faculty members] have also adapted. (30)***

On a *personal level* many UA/UG participants described how they adapted and adjusted to living and working in each others' countries. Some UA participants described their experiences arriving in Ghana for the first time and trying to adapt and adjust to the hot and humid weather. As one UA participant stated:

> *You cannot underestimate the difference in climate and the environment that you're parachuted into in a relatively short period of time. . . .You won't forget getting off the plane in Ghana ever as it is like entering a furnace. (10)*

Another UA participant described adapting and adjusting to living in Ghana by applying routines taught to her by a UA colleague:

> *(Name) was getting me all primed for taking over the suite. I learned about setting the heater on the water twenty minutes before you take a shower and some of the other things about the water. We did the double boiling of the water and then pouring it into the bottles in the fridge. The air conditioning, we only put on when we went to bed and otherwise we had the fans on. So there is all these sort of little routines that you have to learn so that you would be fine. (08)*

Another UA participant described her experiences with trying to learn some of the Ghanaian *Twi* language in order to be able to communicate in a local language. She perceived that the Ghanaians appeared to be more accommodating because of her efforts to adapt to an unfamiliar

language: *"I would try and learn some Twi words and if I made some observations of their culture in a positive way, they were more helpful" (17).*

As most of the UG faculty members had experienced North American culture, adaptations and adjustments to cultural differences were primarily situated within the context of the teaching environment. Some UG faculty members with prior international experience expressed how they provided advice to UG faculty members and UG MPhil students with no or limited international experience, regarding what they may expect to find in Canada. For example, one UG participant described how the UG MPhil students who were unfamiliar with Canadian food adjusted:

> ***Our meals are different from yours and back in Canada you wouldn't have a Ghanaian meal. Meanwhile they are living with a Canadian family so they have to adjust. . . . I wouldn't call it a big problem, but you would hear people say 'we had to eat this or that' meanwhile they yearn for a Ghanaian meal, but they were in Canada, so they adjusted to it. . . . Normally when Ghanaians are traveling they take some Ghanaian food along, so if they cannot eat Canadian food, they just switch to their Ghanaian food, so it wasn't a big problem. (24)***

UG faculty members and MPhil students appeared to adapt and adjust fairly well upon arriving in Canada. One UA participant commented that another UA faculty member had described to her the difference between the UG faculty members' and MPhil students' ability to adapt and adjust to Canada as compared to a group of nurse educators from South America, stating:

> *We have had all these students from Ghana, we've had faculty from Ghana and none of them have been sick and none of them have had problems. What is wrong with this? . . . What I think it is is everyday in Ghana is a challenge. You get up and you get yourself together, you have to get to campus, you have to get through all these things in a day, everything is a hurdle. So every day is a challenge and they are used to having a challenge every day. They came here and sure there were a few challenges, (Name) had a dog, and they were terrified of the dog to start with. (Name) had one student staying with her and she couldn't get her warm, and then there were funny things about how the shower works. But after the first day or two, they were just fine because it wasn't a challenge. (08)*

UG participants described the adaptations and adjustments they made when teaching with their UA counterparts. One UG participant described how the UA faculty member was unfazed

by students eating in the classroom. The UG faculty members relayed that in the past, students would not be allowed to eat during a lecture as it would be viewed as disrespectful. The UG participant, however, stated: ***"I don't mind now because of my exposure" (20).***

Sub-theme E2: Sacrificing

The sub-theme of *sacrificing* emerged from the data on *personal* and *professional levels*. *Sacrificing* referred to the UA/UG participants giving up something, either personally or professionally for the success of the project, which was deemed more important to them at this particular time. There was an overriding perception by the partners that they willingly made *sacrifices* for the successful outcome of the project. *Sacrificing* was perceived by both partners as doing extra things above what might be expected for the project, while putting other aspects of one's life *on hold* in order to focus on the development of the UG MPhil program. The UA participants did not specifically use the term *sacrifice,* but inferred the aforementioned meaning throughout the interviews.

On a *personal level,* some participants acknowledged the extra time, effort, and monetary contributions that certain faculty members provided throughout the project; for example, billeting UG MPhil students and/or taking UG MPhil students and UA/UG faculty members on sightseeing excursions when in each others' countries. One UA participant described the additional efforts that some UA faculty members voluntarily provided:

> *I was talking to my colleagues today that even arranging for students to come and even billeting a Ghanaian student is quite a drain, although it is the only way it can work, but they take it on. Then faculty members every year, often the same ones, take students to Banff and Jasper. They do it using their own money and paying for the Ghanaian students. It is not even the money so much, although that is significant, it is the 'time' they have to take. Everyone tries to have a few evening events too. (13)*

Another UA participant commented about the extra amount of *time* a development project consumes: *"People have put in a lot of time and often at personal expense, both in terms of their research career and financially. I mean it does absorb a huge amount of time" (07).* Similarly, a

UG participant relayed: ***"We were suffering tirelessly, we were doing extra, and we were working, particularly (Name) and me, putting in a lot of hard work [for the project]" (30).***

Other participants spoke about the *personal sacrifices* the faculty members and UG MPhil students made leaving their families and familiar surroundings to go to another country for an extended period of time. As one UA participant commented in conversations with the UG MPhil students: *"We talked about family and how much we admired them for being able to leave their families for six weeks" (19).* Simultaneously, there was acknowledgment of the positive notion of *sacrificing* in that the UA/UG partners jointly wanted to achieve a common goal. Referring to some UA faculty members who went to Ghana, one UA participant noted:

> *I think the strengths have been most of the U of A faculty who have gone have seen it as a challenge. They've seen it as something that [has] enriched their lives in a very positive way and not as a sacrifice. (01)*

Another UA participant described the preparatory work that UA/UG faculty members would have to engage in prior to going to Ghana and/or Canada, and how it may differ for those for whom this was their first time:

> *It's no easy feat in terms of getting people ready to go even in terms of preparing themselves physically, emotionally, and psychologically to go to another country for six weeks, knowing what they're leaving behind. For those who have gone several times they know what to expect, but for somebody who's never gone there for the first time, it takes quite a bit of personal stamina to be able to take a risk and go somewhere where they've never been. I mean you don't know what is going to happen. (14)*

Also, some UG participants acknowledged how many UA participants *individually* willingly made the decision to come to Ghana and, as one UG participant noted:

> ***It hasn't been easy individually. I mean when we look at it in the individual sense, people have been willing to sacrifice as individuals to see the project through. Because I know in Canada there are some people who are not even willing to go to the US, let alone travel all the way to tropical Africa, as it is not an easy decision to make, but they did it and it brought us this far. (30)***

Both partners made *professional* sacrifices for the project where the impact of the sacrifice was not always fully understood by the other. One UA participant described how UG faculty members continued to teach in the UG MPhil program and manage the undergraduate

nursing program too, while accommodating for the requirements of the visiting UA faculty members:

> *I would suspect it's been a lot harder on the Ghanaian people than it has been on us even though we've gone over there to teach. I mean they are just working under tremendous pressure to run an undergraduate program, you know, just to travel; it takes so long to do things like to get across the city. We have no idea of some of the other difficulties and the burden that we ask when we're there. They feel that they have obligations particularly when the Project Management Team comes that they must be entertained and things must be done for them. (04)*

Another UA participant noted: *"I mean their lives are so complex and for them to be involved, the expense and the amount that they have to give and overcome compared to us, it's not the same picture at all" (06).* Similarly, some UG participants expressed the *professional* sacrifices that they thought many UA faculty members would have to endure in re-organizing their academic responsibilities prior to coming to Ghana to work with the UG faculty members. As one UG participant stated:

> ***They have made a lot of sacrifices on their part too because some of them are active lecturers at the university and they have to go away and come over as a lecturer. I know that if you leave your work for some time and you go back there is pressure on you to catch up with the lost time. (30)***

Another UG participant spoke about UA faculty members leaving behind their other teaching and research commitments in Canada, to work in Ghana: ***"I think when they come they are overworked as they leave their own set of work behind and they have to make sacrifices to have time to come here" (20).***

Some partners perceived that participating in the development project, over a number of years, definitely impacted their academic careers. One UA participant described the complexity, as a full-time academic, of working on the development project at the same time as conducting nursing research: *"I think that it is a lot of work and one of the issues, and it is a huge issue, that if you want a research program it is really hard to have a development program too" (01).* Another UA participant commented on the inability to get other scholarly work accomplished while involved in an international development project: *"I think that probably at times [there is*

an] impact for the individual faculty member on their scholarly output in what they were able to do in any one year in terms of publishing, or whatever" (18). This UA participant emphasized that for many individuals the opportunity to go and work in another country is very enticing: *"When you do go to another country, one you actually go and absorb the culture" (18).* Experiencing the culture may be either viewed as a benefit or as an obstacle in allowing academics to continue in their scholarly pursuits. As one UA participant suggested, nurse academics would cease to do international work unless it was viewed as important for their careers, stating: "*Unless people are going to get huge amounts of credit, as much as publishing and research grants, they're not going to engage in it" (13).* The UA participant continued by emphasizing that with the one of the mandates of the UA being internationalization "*We have to also make sure that we build in rewards that are acceptable at the university with all of us working in developing countries" (13).* Visiting faculty members are often asked by their counterpart to do other things, which also consumed more of their personal time. As one UA participant stated:

> *They are going to look at you as a resource. They have you in the country to use for all sorts of things, so helping them with other work within the university, or making a case for X or using you as a resource person. So it is easy to suddenly find your day pretty full. (18)*

Likewise, some UG participants expressed that although they willingly supported the project, it also meant that their academic careers were temporarily placed *on the back burner,* or continued, but lagged behind in the progress that they normally would have made. As one UG participant lamented:

> ***We have given lots of personal sacrifices for this project. I could have finished my PhD long ago, but I have pushed it aside. Now working on the project (Name) had other things that she would have done. She has abandoned them so some of us have actually done a lot for the program to win. You don't have to win all the time, but you have to work for others to win. (30)***

Another UG participant commented: ***"I think it has been a good image for nurses as they are always sacrificing to make people happy" (20).***

Sub-theme E3: Compromising

As discussed in Theme D, *Learning,* under the sub-theme *consulting* the UA/UG participants made most decisions together about how the UG MPhil program would unfold; for example, decisions around what would be included in the UG MPhil courses and how the courses would be taught. In most cases, there was consensus, with participants agreeing on how the situation or issue would be handled. Within the data, however, there were hints that some decisions required other ways of resolving them. *Compromising* was one approach that the UA/UG participants used when resolving situations that potentially could result in conflict. *Compromising* referred to the UA/UG participants settling a potential dispute or conflicting view by mutual concession. Prior to discussing the sub-theme *compromising,* the UA/UG participants' perceptions of *conflict* will be described.

There was a perception by participants that there was very little overt *conflict* between them. This was not to imply that there was no conflict, but some partners preferred to use the term *misunderstanding* or *disagreement* rather than the term *conflict.* As one UA participant asserted:

> *Conflicts with the Ghanaian partners, I think that there have been a few. I think there have been times when we have been irritated with them and they have been irritated with us. I think that is more common than conflict. There hasn't been much overt conflict. (01)*

Similarly, one UG participant stated: ***"I don't think we have had conflicts as such because conflict would be too strong a word, but maybe a few misunderstandings" (20).*** Moreover, the participants emphasized that conflict between the partners could be problematic and, consequently, could prevent the project from moving forward. As a result, they made great efforts to resolve misunderstandings or disagreements. One UA participant described a co-teaching situation with a UG counterpart that could have led to open conflict. The UA participant approached the UG Project Director and openly discussed the situation, which was eventually resolved:

> *It was an issue that [the Canadian Project Director] was probably too far away to be involved, [however] what she knew of the [situation], I don't think she would have any*

> *disagreements that it wasn't appropriate, but it was something that I just had to try to resolve with the [UG Project Director] there. (05)*

Another UA participant stated: *"I cannot think of a lot of conflicts or misunderstandings. Well, actually, (Name) spoke about one yesterday and it was just a matter of talking to the right people and it was resolved" (02).* There was a perception by participants that when misunderstandings occurred they were because of cultural differences. As one UA participant relayed: *"I know there have been cultural things that we didn't realize were upsetting people" (01).* Another UA participant mentioned: *"There are lots of cultural issues and things that we've tried very hard to be sensitive to them" (08).* Similarly, one UG participant noted: ***"The misunderstandings will come because of cultural differences" (20).***

Important to an understanding of the lack of overt conflict between the UA/UG faculty members was how some of them *avoided* conflictual situations. One UA participant asserted: *"I don't particularly like conflict. I don't like to overreact to things that I am told, so sometimes I just leave it to see whether it resolves itself" (01).* Another UA participant noted: *"I don't think there have been any standoffs that I can recall, so that is why you have to have those committed to the thing [and] going forward" (03).* Moreover, another UA participant provided an explanation for why nurses avoid conflict and the perception that both partners presented this type of behaviour:

> *If we follow the model that has been used the most in nursing, in measuring, is that nurses avoid conflict. I would have to say that I think in many ways that we did that; I did that and so did they. As it turns out, they didn't want to get into it any more with this particular person than I did and as a guest in their country and in their faculty. I put my foot down about the teaching part saying that I couldn't do any more than what I did. This was a complete change in what was supposed to be given, and I just didn't have the background to do that. (13)*

UG participants perceived that partners made accommodations for each other in order to avoid misunderstandings. As one UG participant expressed:

> ***We have not had any misunderstandings per se because these are some of the things that would weaken a project of this nature. We have all been very considerate in our situation. It is like 'win-win or lose-lose'. Nobody wanted to have the upper hand which was good. (30)***

Participants on the periphery of the project stated they that did not observe any major conflicts between the UA/UG partners. As one UG participant noted: ***"as for conflict, I have not heard of any, maybe because the structure is good" (22).*** Similarly, another UG participant emphasized: ***"I think it was probably well thought-out at the beginning, [and] was built in as it went along and reflected on" (29).*** Moreover, some participants perceived that there was a concerted effort by the Project Directors to constantly consult with one another prior to making major decisions. One UG participant noted: ***"I haven't been involved in the decision making process, but my perspective consistently over the three years that I have been involved or watching it, that it has been consistently very professional and positive on both sides" (29).*** A UA participant stated: *"I think there is a sense of try-test decisions and not just taking unilateral [decisions] - I mean that there is a lot of engagement [between] people" (07).*

There was a perception that if there was conflict, it would probably center on money. As one UA participant stated: *"I think money has been the biggest contentious thing" (01).* Similarly, a UG participant expressed, ***"usually things that bring up conflict are money" (30).*** Situations concerning *money* that could result in a conflictual/misunderstanding between the UA/UG partners were resolved through *compromising.* Much of the *compromising* that occurred between the partners was trying to find a *middle ground* that was agreeable to both of them. For the most part, the *compromising* consisted of acknowledging, understanding, and respecting the individual perspectives of each partner in order to keep the project moving in a forward direction. This encompassed some *give-and-take* when approaching potential misunderstandings, which it appeared both partners were willing to do. As one UG partner noted: ***"You cannot satisfy one culture at the expense of the other. There needs to be compromising here and there to move forward" (24).*** A UA participant stated:

> *There's compromise and I don't see that as a bad thing. I know it can be because you often compromise to a lower level. But that isn't what it's been about. It's recognition of the way things happen in different places and working around or within those particular parameters or constraints. (04)*

Moreover, another UA participant commented: *"Because the base is sort of there you are able to work through those and end up getting it solved and sorted out. People might not be 100 percent happy, but they could live with what was decided and what happens" (08).*

As was described earlier, *compromising* sometimes occurred between the partners because of cultural differences. How money was managed for the project was perceived differently by the UA/UG partners. For example, the CIDA budget provided a set per diem rate for UA/UG faculty members when traveling to cover daily expenses. Some UG participants perceived this rate as inadequate in contrast with other health agencies that provide a higher per diem rate. The UG participants, however, accepted the per diem rate as they were not interested in creating a situation that might interfere with keeping the project moving in a forward direction. As one UG participant described:

> ***[$] US, Canadian [$] is what the project can offer and we took it because if WHO asked me to do something, that is not what they give me. These are some of the constraints. (30)***

Some UG participants expressed that certain other things Ghanaians were asked to do, for example, having Ghanaian advisory committee members pay for their own transportation to attend a meeting for the project, was different from their experience in other projects. As one UG participant stated: ***"Another thing that created tension is that we are used to projects that pay. If you are Director, a Director salary would be paid. CIDA says [however] Ghanaians are not to be paid" (28).*** The UG participant found it difficult to ask Ghanaians to do things, for example, repairing something and then not paying them for their services from the grant. UG participants accepted what was delineated by the CIDA grant guidelines through this notion of *compromising*, even though they did not entirely agree with them. The UA Project Directors were aware of some UG participants' issues around the money distribution so tried, as much as possible, to find other ways that their UG counterparts could manage some of the money for other things. As one UA participant stated:

> *It's easier at the Alberta site because we don't have to get permission for use of the budget.*[primarily because items outside of the approved budget were not needed at UA] *Whereas in Ghana if it is outside of something that has been approved, they don't have the money to do it because the money comes from Canada. We've tried to deal with this potential power inequality, because it is about power inequality by sending money to Ghana and allowing a certain amount of discretionary money every month, so it is really only the big ticket items that the person has to ask from Ghana for permission. (01)*

Concerning release of per diem funds, the protocol followed in Canada was that the recipient of the money and the Canadian Project Director would both sign that the money was received and that there would be a witness signature. Some UG participants found this process offensive and thought that the UA Project Director did not trust them. This was a situation based upon a cultural misunderstanding of financial management practices followed at the UA and UG. Fortunately, because of the solid relationship that been cultivated between the Project Directors, they were able to openly discuss their differences in perceptions and resolve this situation. As one UA participant explained, *"Luckily (Name) and (Name) have a really good relationship, so (Name) was able to talk to (Name) about how that was perceived by some of the [UG] Faculty" (04).* The UA participant was able to explain to the UG participant that this had nothing to do with them directly and was not an issue of trust, but that was the way the finances for the project were to be managed within the university and that, *"any trust account, it has to be signed off" (04).* Again this was a situation based upon cultural differences. Compromise of UA financial regulations was not an option and this was understood once it was explained.

Other situations whereby UG participants were perceived to be *compromising* was in the clinical area. UG MPhil students were not allowed to practice in the UA clinical areas whereas UA baccalaureate nursing students could practice in UG clinical areas. This UG participant stated that when the UA fourth year baccalaureate students came to Ghana:

> ***They worked 'hand-in-hand' with our nurses on the floor, but when we came there [to Canada], we did not get the chance because in your setting, your system has been organized so that if you are not registered, you can never practice. (21)***

When the UG MPhil students came to Canada to collect literature for their thesis topic, they were only allowed to observe in clinical areas. Even observing in clinical areas in Alberta sometimes

posed problems. In Alberta, the professional association strictly regulates who can legally practice nursing. As the UG students were not enrolled in a UA program, they were not covered under university agreements and insurance as is the case with UA students. Although the UG participant understood the rationale behind this, she still questioned this type of *compromising* and wondered how this situation could be handled differently:

> ***I think we should be given a chance at least to maybe work with your nurses. I don't think we can overcome the obstacle until [we] become partnered with the Registration organization in your country, so [we] can link with them when we are coming. I don't know how we can go about it, but it is difficult for [us] to do. But in our set-up, it is not like that. (21)***

Sub-theme E4: Deferring

As the project continued, another approach to decision-making that emerged from the data was the sub-theme *deferring. Deferring* referred to how some decisions between the UA/UG partners were made by respecting the opinions of the other; allowing the other partner's opinion to take precedence as necessary. The notion of *deferring* resulted in decisions being made that appeared to be the best approach to resolve a particular situation between the UA/UG partners. As one UA participant stated:

> *I think that we have always had to be flexible and so have our partners in terms of not always getting our own way, not always getting things done the way we might have chosen to have done and recognizing that the way we have chosen may not be the best way somewhere else. (01)*

There was a perception by some UA participants that, in co-teaching of the UG MPhil courses or co-supervision of the UG MPhil students' theses, the UG counterparts would often *defer* decisions back to them. The UA participants would have preferred the UG counterparts to assume a more active role in making joint decisions in these situations. In one co-teaching situation, a UA participant thought that because the UG faculty member had been a former student of hers, she would not take the lead role in teaching, as had been originally planned, and would *defer* to her even though they were now both academics at the university level. The UA

participant tried to promote a co-teaching environment with the UG counterpart so that decisions would be made jointly:

> *If I would let her, she would defer to me, so I would be careful that this was a joint decision when we decided this is how the content we need should go in here. I was careful most of the time about the relevance of some of the articles because, of course, they were deeply rooted in the western system, US and Canada. I needed her advice in terms of 'Is this going to be relevant for your students?' We made decisions together, but I had to be careful not to allow her to change my mind if I suspected that she wasn't happy with my selection. (15)*

Similarly, other UA participants expressed concern about the UG counterparts not assuming more of a leadership role in co-supervision of the UG MPhil student theses. As one UA participant asserted:

> *The project indicated that they were supposed to take increasing leadership and we were just going to become advisors. Well, it happened in the course work but I don't think it happened very effectively on the thesis side. It was because of their lack of expertise in that area, so that the decisions that were made were a bit deferential. (12)*

Likewise another UA participant voiced a similar concern:

> *They were supposed to take the leadership and they tended to defer to us constantly and they still defer to us. I mean they should be monitoring the theses in a better way than they're doing now, but they defer to us. (16)*

One UA participant wondered whether some of the UG counterparts did not want to reveal their lack of knowledge in this area: *"Try and help another group on the other side of the Atlantic, and pretty much in a culture of 'top down" and not wanting to expose their ignorance and not wanting to be 'experted' on" (03).* There was a suggestion that the UA faculty members may not have worked well enough in promoting the UG faculty members in taking more of the lead responsibility for thesis supervision: *"perhaps we didn't develop them to the extent that I think a partnership might have done" (16).*

Some of the UG participants acknowledged, in the beginning, their inability to assume a more leading role in the co-supervision of students' theses; however, towards the end of the project they felt more able to assume this responsibility. As one UG participant relayed:

> ***I think that we have not been liked by the council [UG Academic Board], for example, regarding supervision of student theses. We know that it is a three way in terms of the***

University of Alberta, University of Ghana, and School of Nursing, but our input has not been that strong for supervision of students, for example, but this year we are building our strength in this area because we know that the project is phasing out soon. (30)

Chapter Summary

In the implementation phase of the project, *Keeping it Going,* both partners revealed that the central themes of *Learning* and *Accommodating* to each other promoted an amenable working environment with few misunderstandings. The partners were continually learning from each other through ongoing *consulting, contributing/reciprocating, mentoring,* and *modeling.* In addition, both partners made concerted efforts to accommodate to each others' cultural differences through *adapting/adjusting, sacrificing, compromising,* and *deferring*. The next Chapter will focus on a later phase of the project as the funding and UA partner's official participation and timeline were completed.

CHAPTER SEVEN

FOLLOWING THE PROJECT

In this chapter focus is on the Third Category, *Following the Project,* in which one major Theme F, *Sustaining* emerged (see Figure 4). Sustainability of the MPhil program was a key goal of the UA/UG partnership. Throughout the project, the partners discussed the direction of the program once the UA partner's official participation and timeline were completed, with such discussion gaining most prominence in the final year. The UG Project Director began dialogue with UG and the public sector around the future of the UG MPhil program, and the feasibility for other educational possibilities. Within Theme F, *Sustaining,* two sub-themes or processes, *transferring* and *transitioning,* were identified.

Theme F: Sustaining

Sustaining was a major theme within the data as the project unfolded. *Sustaining* referred to maintaining the UG MPhil program after the completion of the project. Many participants expressed a *shared vision* that the UG MPhil program would be sustained. One UA participant stated:

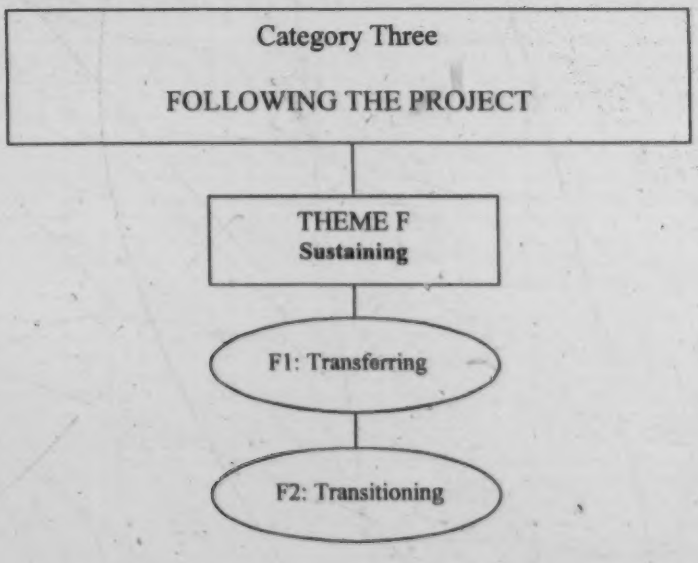
> *One strength is it being there [in Ghana]. The other strength is that it is a partnership so it is a way of developing a program that can be taken over after we've finished, but it is not a one shot thing that's going to die. Now whether it will be in exactly the same form, and whether they will have enough thesis supervisors when we go, I don't know. I am sure there will be a Masters program, so there will be an ongoing program to develop leaders. The fact that they develop them in Ghana means you have a cohort who isn't bringing in foreign ideas that aren't going to fit. What they have done, they have done within the context of the country. (11)*

Another UA participant asserted:

> *It's been one of those relationships where the leadership has exchanged hands and now the individuals in Ghana who have built its capacity to the partnership are able to lead on their own, their own future in terms of the Masters program. (14)*

One UG nursing participant described the future of the UG MPhil program, stating, ***"It has come to stay. There is no way that this project would fail." (30)*** Another UG participant commented:

Figure 4. Following the Project is the third phase of the partnering between Canada and Ghana.



> ***Yes, they can carry on, but they will require support. Support from the University Administration; support from MOH and of course support from Alberta and any other place that would be willing to offer support to enhance what has been built. I think it would be welcome, but I have a strong feeling that 'yes' they will be able to carry on. (31)***

The theme of *sustaining* the UG MPhil program once the official timeline of the partnering arrangement between the UA/UG was announced was perceived by the UG MPhil students as attainable. Most of the UG MPhil students believed that the program would continue. As one MPhil student stated: ***"The School has come to stay and it will stay forever" (FG-2).*** Other comments included:

> ***We are not running yet, but as my sister said before, we cannot say that we are relying on them and without the partnership the [UG Phil] graduate program will come to a halt. I disagree and think that we have come a long way and the [Phil] program will succeed forever. (FG-4)***

Although participants expressed a unified desire for the UG School of Nursing to sustain the MPhil program after the project finished, their perceptions of how this post-partnership phase might proceed revealed similarities and differences. Participants expressed a favorable interest in participating in a similar type of international educational partnership in the future. One UA participant suggested that to maintain the momentum that had begun with internationalization of the UA Faculty of Nursing: *"I really would suggest another project with Ghana or with another nursing faculty somewhere as being a way to continue that process that really I think has just started" (05).* Similarly, a UG participant stated: ***"There should not be an abrupt ending of the project because we have achieved so much that I think it should continue" (20).***

Sub-theme F1: Transferring

The notion of *transferring* was a pervasive sub-theme emerging as the project came to the end. *Transferring* referred to the UG partners taking full responsibility for the various roles/functions related to the MPhil program. As discussed under the sub-theme, *contributing*, faculty members voiced how *transferring* the lead teaching roles to the UG faculty members for the UG MPhil courses had worked well. As one UA participant asserted:

> *The project indicated that they were supposed to take increasing leadership and we were just going to be advisors. Well, it happened in the course work, but it didn't, I don't think it happened very effectively on the thesis side. (12)*

Similarly, a UG participant noted: ***"I think as far as the teaching and training of MPhil students we have been able to meet our goals" (20).***

During the later years of the project, some MPhil students were hired as teaching assistants to assist in instruction of other graduate students. Some cohorts of students had never been taught by UA faculty members as they enrolled in the program after teaching responsibility for all graduate courses was carried by Ghanaian faculty members. As one MPhil student commented: ***"For our particular cohort we've never had a single Canadian lecturer, but I think that we haven't done badly at all. The Ghanaian faculty has prepared me so that I can boast that I am a graduate from here" (FG-4).*** Similarly, another MPhil student clarified the role that the UA faculty members had at the beginning of the project and how the UG faculty members had taken over much of the graduate teaching:

> ***They [UA nursing faculty members] were not coming in to take over the courses. That wasn't the idea. They [UA nursing faculty members] came and together with the [UG nursing faculty members] would sit in a lecture and contribute so it was helping to polish the program. Now that our faculty members are adequately prepared they can handle the courses. They [UA nursing faculty] can still help us with books, computers, and other logistics, but I think when it comes to teaching of the courses our faculty [UG] are capable of doing that. If they [UA nursing faculty members] come in to help once in a while it would be welcome, but then we shouldn't rely totally on them (FG-4).***

In *transferring* the supervisory role for the student's theses to the UG faculty members, some UA participants perceived that UG faculty members would be unable to assume the lead role in this area once the project finished. As one UA participant stated: *"They haven't taken the lead for thesis development and I understand that because of workload and things like that. But that's a concern I have about one of the outcomes and whether they'll be able to move that forward" (04).* The UA participants were concerned about the lack of time the UG faculty members appeared to have because they were few in number and were handling a heavy teaching load in the undergraduate and graduate programs. As one UA participant commented:

> *I do think that the UA faculty has carried the bulk of the supervision and helping them with their thesis, editing and getting it off to Graduate Studies. . . . I guess it boils down to there do not seem to be the resources in the School to maintain this program at the level I saw these six [MPhil students] graduate. (19)*

Another UA participant voiced concern about the current UG nursing faculty members, some of whom were nearing retirement age, and not knowing exactly what their future plans were:

> *There are a couple of faculty members who are approaching retirement at UG and they could have a plan totally different from staying on in the project. . . .Some of the hopes for sustainability are kind of predicated on them staying on. (05)*

Similarly another UA participant stated: *"The idea was that we would leave some intact advisors there. I don't think we've done it. I don't think we've done it, not for the modern world" (03).*

In June 2004, in Ghana, I attended the yearly Joint Management Committee meeting for the project. The UG Project Director requested some continued co-supervisory support for the current cohort of MPhil students when the project finished. There were varying perceptions by the UA participants about how transferring the entire thesis supervision role to the UG faculty members would unfold. One UA participant suggested that the UA Faculty of Nursing might provide an ongoing mentoring role to the UG faculty for a specified time, stating: *"You know we do understand why you're asking for this but it is not possible, the project finishes, but what we can do is mentorship of faculty as they start to actually take on supervision" (18).* On the other hand, another UA participant thought that until the UG faculty members had further developed their thesis supervisory skills, the UG cohort of students should continue to come every year to the UA:

> *I think it would be important if we could continue to have their students come here for the summer to use our library. That would mean they would have to get support as they did from their MOH. I mean until they have enough depth in their own thesis supervision that they can [continue] there. I think that is probably one of the weaknesses of the project; there are not enough of them. They're still developing their skills in that area and they need the help too from the UG. (06)*

In Ghana, some UG participants were also concerned about transferring the entire thesis supervision roles to the UG faculty members once the project finished. One UG participant stated: ***"It's a Herculean task running a project. It's a big task; a big deal and one or two***

people cannot do it alone" (24). On the other hand, some UG participants perceived that although it would be a challenge to assume full responsibility for thesis supervision at the completion of the project, they were starting to put a plan in place that would allow for this to occur. As one UG participant commented:

> ***Next year we are not going to have Professors coming from Canada to do it, so we are building our strength in that area [supervision of students' theses]. We have built our strength in teaching and we are now trying to build ourselves our strength in student supervision. (30)***

During that last year of the project, the UG School of Nursing began to build its human resource capacity by hiring two MPhil graduates from the first cohort of students. Current UG faculty members were mentoring them for assumption of teaching/supervisory roles. UA participants acknowledged the viability of this strategy:

> *Their faculty was so busy that it took them much longer to take over responsibilities than we had hoped because of their teaching role. But I think now they're beginning to get some graduates from their Masters program and this is beginning to turn around. (11)*

Sub-theme F2: Transitioning

Stemming from the notion of transferring the aforementioned roles to the UG counterparts was the sub-theme *transitioning. Transitioning* referred to the various changes taking place and the options being considered to sustain the UG MPhil program. Participants voiced varying perceptions about what might occur *following the project.* There were some participants who wanted to immediately start another project: As one UA participant lamented:

> *We've put so much into this. I personally, couldn't bear to think that we would not continue on. I just hope there isn't too much of a stop gap here before the next one goes. We have to look at a kind of project that doesn't drain faculty as much. (13)*

Others perceived that it was time to allow the UG partners to move forward as they chose. One UA participant noted: ***"I think my long-term perception about doing this will really depend on what happens in Ghana and the support that seems to be there in the MOH and the University once the project ends or disappears" (01).***

Many participants spoke emotively on a *personal* and *professional* level about how previous and new associations (relationships) established with their counterparts would be maintained in some form once the project finished. One UG participant described having mixed emotions as the official date of the project was coming to an end because of the connections that have been established amongst the UA/UG counterparts:

> ***That feeling of 'we are separating' separation and the kind of emotional part of the person that has developed [hasn't] been the mechanical type. [That's the kind of] relationship that we have built right now with each other even though the project is coming to an end. (30)***

Some UA Faculty participants commented on the personal connections that they desired to maintain with the MPhil students who they had co-taught and /or co-supervised. One UA participant described the connection she had made with one of the MPhil students:

> *I will always keep in touch with (student's name) who came over as a student. She billeted with me and she called me ' her sister. ' She was with me for something like six weeks. She was just a wonderful person and we got along famously. She loved to cook, so I let her loose in the kitchen. The students came for a party at my house and she cooked a Ghanaian meal for them. I'm sure I'll never lose touch with (student's name). (15)*

Another UA faculty member billeted two UG MPhil students while they were in Canada. At her own expense, she attended their convocation ceremonies in Ghana in June 2004. As one UA participant commented:

> *I think on her own ticket [UA faculty member is going] to Ghana to the graduation ceremonies, is a level of commitment that you don't often see in international projects. And nobody's said this is instrumental. The idea that somebody wants to go because they're interested and want to see the graduates is a tribute to the project. I think it's not often you see that kind of stuff in projects, so that's pretty good. (07)*

Many UA participants expressed a desire to maintain *professional* associations with the UG School of Nursing. Some UA participants expressed the importance of nurturing the professional relationship by periodically contacting them to see how they are doing, or seeking their advice or input on an issue. As one UA participant commented:

> *It's not just about setting up the partnership, it's about nurturing or stewarding, so keeping in contact, often picking up the phone and just calling them and saying, no particular agenda to talk about just keeping in touch with them. (18)*

Other participants discussed the possibility of collaborating in publishing and research projects in the future. As one UA participant stated: *"There's the potential for future collaborative research and publications that may or may not happen, again it's not something that can be forced" (01).* Another UA participant explained a desire by the UG participants to establish a research link stating:

> *What they would really like to do is get a research partnership going. If you had a research partnership you would also have some opportunity to have students involved in it and some graduates so that they could further develop their research skills. (11)*

Likewise, a UG participant commented:

> ***I think even when the project ends that we have been able to create some kind of relationship, and I think the relationship should be continued. Maybe if it's not in an MPhil program, it should be in another aspect so that we can keep the relationship open. Communication should still continue so that we can share ideas. It could be a research opportunity or it will be in service, so we still should keep the link with our partners. (20)***

As well, on the periphery of the project, some UA/UG participants perceived that the professional associations cultivated prior and during the partnership would be sustained once the project finished. One UG participant commented on the personal/professional relationships between the UA/UG participants:

> ***I think it will go on for a long time, that relationship and in part there is the personal relationship that they both had with many of the UA faculty members having been here. There had been a strong interest in Ghana and UG for a long time. At the faculty level and the students, I am sure that there will be students who will maintain relationships and keep in contact. I hope and I suspect that there will also be some professional relationships that will continue. . . . I think that will, maybe it is called speculation, but my guess is that it will come because professional relationships are well developed. They have good respect for their partners' abilities and professional [accomplishments]. (29)***

MPhil students commented about maintaining contact with the UA faculty members to explore options for pursuing doctoral degrees: ***"I don't know if there is a chance [opportunity] for us in Ghana or outside [the country] to further our education. . . . There is a need for some of us to get our doctorate [degrees in Nursing]" (FG-1).*** MPhil students emphasized the importance of maintaining links with UA to partner on other research projects. As one MPhil

student stated: ***"Co-researching between lecturers from UA and UG [has occurred]. I know [name] has done research with [name] and [I think] it is possible to continue [researching together]" (FG-4).*** Similarly, another MPhil student expressed the importance of research for sharing ideas with one another stating that the UG should: ***"Take the opportunity for us to team up [with UA to conduct] research. As we interact from time to time [with research projects] we will be sharing information and we will both be growing" (FG-1).***

While the perception was that there was an interest in maintaining professional associations at the conclusion of the project and beyond, there were varying notions as to what would occur following the project. During the post-adjustment phase of the project, many UA participants perceived that the UG School of Nursing should now determine how they would proceed, and that the UA Faculty of Nursing would be available in a *supportive role*. There was the perception by some UA nursing participants that they were not necessarily ready for starting another international project immediately. As one UA participant commented: *"I don't think we necessarily have to have another project rolling out immediately or anything else as I think sometimes it is better not to do that" (18).* Some UA participants perceived that the UG partners were tired, and that it was critical to allow them to have some space and time to *reflect* upon the past few years. One UA participant noted: *"It has been a lot of hard work and I think that they're tired" (04).* They asserted that the UG partners should be given time to process what they had learned from the partnership, thus allowing them to contemplate moving in other directions within their own context, and to ascertain what they wanted for the future development of the UG School of Nursing. One UA participant asserted: *"I think that what we need to do as much as possible is to get out of their way and allow things to happen in the way that will work best for them in their context" (01).* Similarly, another UA participant commented that it is best for them to decide their future direction:

> *I mean they will be able to sustain their program, but they need to get people away to get their PhD and all that. I mean that's why there has to be another route to do it, but with (name) as the Head she's very effective and she has ways of knowing, I mean her own*

> *community. It is very different from what we would have. We would have no idea. I mean largely it's up to them in the sense of how much ingenuity they can use to I suppose expand. (06)*

Some UG participants, however, voiced that they thought it was still important during the post-adjustment phase to have the UA Faculty of Nursing periodically come to Ghana to see how the program was functioning and to provide a supportive function. One UG participant stated:

> ***It's good to have peer or self monitoring, but it is best to have somebody else come and provide that helicopter view of how things are. We have a local proverb that says that 'The person who is making the path does not know that he has deviated from the main line especially if the path is crooked from behind. You would not know [if your path is crooked] except if somebody is standing behind you and lets you know' so this is what the University of Alberta can provide. (31)***

Another UG participant perceived that the UG School of Nursing would still require some ongoing mentoring because of the time it takes for a program to get established, asserting:

> ***I think that they would need another period of four to five years of mentoring from Alberta because, it's a cultural phenomenon. The university is a cultural institution and it takes time to build, especially if you are looking for excellence and it takes time to achieve. You don't do it overnight. (23)***

Other UG participants were exploring further options and planning how they might now proceed independently. Although they had expressed an interest in having the UA Faculty of Nursing provide some support with student thesis supervision during the post-adjustment phase of the project, they were already putting plans in place to allow UG to assume the lead role in this area. One UG participant described the plans for including other UG faculty members to supervise student theses in a mentoring kind of relationship:

> ***This year we have co-opted (Name) and (Name) and we have four students in this cohort. (Name), (Name), and myself are taking charge of the students, that is two and two. I am going to work with (Name) to supervise these two, and (Name) is going to work with (Name) to supervise those two, so we will be building up, so next year they will be on their feet. (30)***

Another UA faculty member perceived that mentoring by senior UG faculty members was a positive approach to transferring the thesis supervision to UG School of Nursing noting:

> *You have to give them credit as (Name) has pulled in (Name) a younger person, for whom the mentoring will be of value because she will be around for awhile. (Name) has had mentorship by being a student in the project, so there is some strength there. (12)*

The UG participants expressed that because they had established amenable working relationships with the UA Faculty of Nursing, they would consider working with them again on future projects. One UG participant commented:

> ***I think we have been able to work together for at least almost four and a half years. I think we have been able to accommodate each other to the extent that we think that maybe we can also have another [project], although this one is coming to an end. Maybe people will have another project in a different direction. (30)***

Because the UG School of Nursing had already established a successful partnering association with the UA Faculty of Nursing, some UG participants expressed an interest in maintaining a link having the UG MPhil students continue to come to Canada for their six week research placement, if UG could secure funding. One UG participant stated:

> ***I have a feeling that the students for their six week placement should still come to Canada. I have the option to go and look for schools in Europe and other places, South Africa and all of that, but my conviction, because we know people here, we have developed that kind of "love for people" through our project. Though it will not be an official term, the students can still come here and study with (name of UA person) and we can see where we can put them accommodation wise and not billeting. (30)***

In addition, continued support was voiced from the UG Faculty of Nursing members to accept the UA 4th year baccalaureate students for their international educational exchange practicum. This continued association between the UA and UG would facilitate an ongoing professional association between the two institutions after the project was finished. As a UG nursing participant stated:

> ***Because of this linkage we still want to maintain continuity and [still have the] U of A students continue to come to Ghana. When the project is over we will still look after them and continue to do what we were doing before. It is because of the interpersonal relationship that we have built beyond the broad concept of the project to the inner core of the project. (30)***

As described in Chapter Five, *support* from the Canadian High Commission, CIDA, AUCC, UA/UG Management Committees, UA/UG Advisory Committee, UA/UG administration, and the public sector in Ghana emerged as being exceedingly significant for *getting the project started* and for *keeping it going*. This long-term support maintained throughout

the project was repeatedly emphasized by participants as being critical for the UG School of Nursing in accomplishing its objective of sustaining a Master's in Philosophy (Nursing) graduate program after the end of the project. As one UA participant noted:

> *I think there's a piece in this that I think is really important and that is the acknowledgement that as the Canadian partner there are things you could do that would make it fail perhaps, but there aren't very many of them. A lot of the success or failure really depends on your counterparts in the other country. I really and truly believe that they wanted this to succeed and they did what they had to do to make it happen and the people around them who were in power positions wanted it to succeed too. (01)*

In June 2004, the first cohort of six MPhil (Nursing) students graduated. The perception by many participants was that the positive outcome of the project was motivating them to continue to support the MPhil program in some capacity. As one UG participant stressed:

> ***We need to support a system that will give us high quality nurses of the caliber to be able to sustain quality of teaching and even the quality of the products from the system so that is my, I would say, motivation to continue to support the program. Again, I would say generally, if we are able to do that, nurses, the professionalism in nursing will go up, it will attract many more people into nursing. (31)***

On an *institutional* level at the UG and the *public sector* level in Ghana, nurses are expected to have a Masters or PhD degree, depending upon where they are employed. The public sector is beginning to require that nurses in administrative positions possess a masters degree. As one UG participant stated: ***"The MOH now requires that anybody managing a nursing institution should have a masters degree, so those without a Masters degree are shaky" (24).*** As a result, during the latter phase of the project, preliminary dialogue amongst the UG School of Nursing, UG administration and the public sector in Ghana had already begun, with a focus on supporting the UG School of Nursing in sustaining the MPhil (Nursing) degree. In addition, there were discussions around continuing to offer the MPhil program for nurses interested in academic careers, as well as establishing a non-thesis Masters in Arts (Nursing) for nurses interested practicing in the public sector, including the Ministry of Health and the Ghana Health Service. The UG and the public sector currently perceived that both types of graduate level education for

nurses were necessary for managing the changing health care needs of Ghanaians. One UG participant commented:

> ***If you want to go into academic work an MPhil is the minimum requirement. If we have the program offering an MPhil for everybody the School of Nursing may not be able to afford everybody. It may be too expensive for the employer to train people at that level to be academics and they may not be able to fit into the service area. The suggestion that was made is that we should look at the possibility of offering some straight Masters for some people and then consider a certain minimum number to go into the MPhil so that these are the people who will be targeted for retaining and maintaining the faculty and strengthening the capacity. Then they'll leave the [other] masters program available for people who are going out into the service area. (26)***

Based on the changing perceptions by the UG participants about what type of education would meet the continuing needs for Ghanaians, the UG was in the process of developing the curriculum for a 12 month Masters course for nurses interested in working outside the UG. As one UG participant noted: ***"We have now within the graduate program another option and we call it the MA in Nursing which will be twelve calendar months to prepare people for clinical and administrative functions" (30).*** Another UG participant perceived that, when partnering internationally, it is important to assess whether the programs being developed are meeting the needs of the country and to assure that everyone is still on course, stating: ***"After implementing it we need to go back and see [if it is working]. I think even with international partnerships we must 'take stock', and monitoring is part of that" (22).***

Participants perceived that a major challenge for sustaining the UG MPhil program with the addition of other programs would be securing adequate funding for the post-adjustment phase of the project once CIDA funding ceased. One UA participant stated: *"It's going to be very challenging to sustain it because they don't have the resources" (16).* UG partners were well aware of the challenge:

> ***It was a partnership between Canadians and Ghanaians. Now the Canadians are folding up, so the Ghanaians must get off their lorries as the ball is now in our court. Let's be committed. We started it and so we must see it through. We shouldn't fold our arms and say because the Canadians helped us and now they are gone, we fall off. No it must continue. You look for resources to keep it going. (24)***

There was a perception by some UG participants that the UG School of Nursing should try to galvanize financial support by placing the program in their budget projections and requisites. As a result, financial support could be forthcoming from the public sector that benefits from graduate nursing programs. One UG participant asserted: ***"The MOH as a beneficiary even though not a direct operative in this arena should also stand to benefit 'in the cascading in the water pool way' with providing some funding and also non-material support" (31).*** Some UG participants perceived that one way of securing more funds would be to, as one UG participant stated, ***"Market the program and market Nursing" (22).*** The notion behind this fund-raising approach was to inform others about the attractiveness and value of Nursing. Then, hopefully, other institutions and organizations within Ghana would be enticed to support these educational endeavors. Moreover, another UG participant spoke candidly about the importance of continuing to share with colleagues in the public sector regarding what had occurred in the UG School of Nursing, so that long term support for the MPhil program could be sustained, stating:

> ***I think maybe that one of the things I should also be doing is sharing this vision with a lot more people within the service area [in order] to appreciate this [program] even if I'm not there. [As well] if I need other people to support my view and push my agenda [they are aware]. (31)***

Some UG participants perceived that another important aspect to sustaining the UG MPhil program was assuring that potential students were committed to remaining in Ghana once they had completed the program. There was a perception by some UG participants that many MPhil students had long-term career plans outside of Ghana. As a result, some UG participants emphasized the importance of screening potential Masters students to determine what their intentions were at the completion of their degree. One UG participant described how not being aware of students' future plans can directly influence the capacity of the MPhil program, noting: ***"One of the problems that the Nursing School faces is the commitment from the MPhil students" (22).*** Another UG participant asserted:

> ***I would actually want to really screen the students properly because some of them just took the course and defeated the objective because the objective was to strengthen the School. We didn't want students to submit their theses and the next morning leave the country. (30)***

The UG participant continued to describe what the current plan will be to ensure that students are committed to contributing once they have completed the MPhil program:

> ***Commitment from students should also be the focus and because of that we have changed our strategy that those who want to be on faculty must be hired by the University before they come into the program. They cannot walk out on us because the University will go a long way to deal with them before they can get away (30).***

Similarly, one UA participant stated: *"From a pragmatic view, sustainability, I think it is really going to be dependent on how many nurses who graduate from the MPhil program that the School can attract to stay" (05).* In addition to having MPhil students committed to the program was the notion that the UG also needed to create an amenable environment where they would want to stay. For example, one UG participant suggested the importance of targeting experienced UG faculty to mentor new faculty members. As one UG participant noted:

> ***I think that my perception is that some of the students who have declined to teach in the department have done so because they feel that they don't have a mentor. Because if you don't have a mentor, 'you cannot find your feet'. I think that the department must also develop mentors. . . . It is part of our strategic plan for older colleagues to mentor younger colleagues. You see unlike in the world where it is part of their responsibility that if you are a professor you must produce somebody else to have a PhD. In Ghana or other countries, it is not so because everybody becomes a survivor as a strategy. So people are looking at survival strategies rather than having the time to mentor a younger colleague. (22)***

Another UG participant stressed this notion of mentoring new UG MPhil graduates, but was concerned about the lack of senior colleagues in the UG School of Nursing to assume the mentoring role: ***"I wish [we had] a lot more senior people in the department who could mentor other people" (27).***

MPhil students, however, perceived that the new UG faculty members were being mentored by other more experienced UG faculty members, so that they would not yet be left on their own stating: ***"They [recent MPhil graduates] must be guided in their way. At the moment,***

the [recent Phil nursing graduates] are [working as] graduate assistants with a [UG] faculty [member so] they are not on their own" (FG-4).

In addition, UG School of Nursing administrators were exploring opportunities for recent Masters Graduates to pursue Doctoral degrees in Nursing, a move considered important for sustaining the *School* status of nursing. One UG nursing participant mentioned, ***"The fact that we are now a School, there is no way that we can revert to our former position as a Department. Therefore, the MPhil is needed to sustain it and the PhD would come" (30).*** Preliminary discussions have focused on continuing partnering relations with UA in the development of another educational partnership. For example, a PhD program in Ghana or alternatively UG partnering with another university internationally were considered. Some UG participants perceived that because the UG School of Nursing was a known entity with an amenable working relationship with UA, some of the MPhil students could be accepted in the PhD (Nursing) program at UA. As one UG participant stressed:

> ***Through the partnership I'm sure you would become familiar with some of the students, you would know their capacities and abilities and therefore, in reviewing the applications, you wouldn't have any hesitation in coming to a judgment. So these are some of the positives in our story; this kind of relationship. (23)***

Another UG participant stressed the importance for the UG nursing faculty to publish more nursing research in order to sustain themselves as a School. One UG participant emphasized: ***"In any academic institution you need to publish" (22).***

Chapter Summary

In the later phase of the project, both partners were involved in discussions about the direction of the program, once the UA partner's official participation and timeline were completed. The UG participants unanimously stated that the MPhil program would be sustainable once the UA partners had left. The UG participants, however, thought they would need some short-term support during the transition period from the UA participants, in terms of UG MPhil student thesis supervision. Both partners also expressed a willingness to maintain ongoing

connections for collaborating in future joint publications, research studies, or other projects. The next Chapter will focus on a discussion of what made this partnership successful, based upon the findings presented in Chapters five, six and seven.

CHAPTER EIGHT

CONTRIBUTING TO PARTNERSHIP SUCCESS

In Chapters five to seven, the presentation of findings focused on describing the partnership process as it evolved over the duration of the project from the planning to the implementation and evaluation phases. In this chapter, the focus will be on interpreting what occurred within the UA/UG partnership relationship that led to a successful and mutually satisfying project and partnership. In this research, a *successful international partnership for a specific project* is defined as *one that is effective with respect to the achievement of mutually determined goals and objectives.* Characteristics, qualities, and principles of successful international partnerships are briefly described to provide a context for comparison relative to the components and elements that emerged in this partnership. *Ease of communication, sharing of power,* and *focus on capacity building* emerged from second level data analysis and reflect recurring thoughts expressed throughout the interviews. As they were instrumental to goal achievement and are integral components of this partnership, these three concepts will provide the framework under which the success of the partnership will be discussed. It is critical, however, to be clear that the distinctions among the concepts of communication, power, and capacity building are blurred in this particular project, as well as in much of the theoretical literature, as they are intricately interconnected.

A sequential, conceptual understanding for the processes and structures of the UA/UG partnership emerged from the findings as shown in Figure 1, found in Chapter four. Stemming from this, seven key elements that contributed to the success of the partnership can be identified: *shared and individual institutional goals; shared expertise; shared workload; shared leadership; adequate resources; mobilization of external resources;* and *commitment to sustainability.* Specific elements are discussed within one of the three components and integrated with related literature in nursing, education, social science, and medicine to explicate the challenges and constraints in the international partnership that occurred as the project unfolded. Social and

critical perspectives are used to offer a theoretical understanding of the complexities of the partnering relationship within the broader historical, social, cultural, economic, and political contexts.

Successful International Partnerships

There are a number of characteristics, qualities, and principles attributed to successful partnerships in various disciplines. A summary of the main partnership characteristics are: a mutually defined purpose working towards a common goal; egalitarian principles; power sharing; dynamic qualities; positive sentiments; and, equal participation in decision-making. As well, the nature of the partnership is actualized through an interpersonal relationship.

Nurses have a long history of being engaged in international endeavours. The nursing literature describing the success of international partnerships in higher education is limited; however, recently some nurse scholars have provided a *North/South* perspective. Girot and Enders (2004), for example, identified key qualities for a successful educational international partnership for nursing practice between Brazil and the United Kingdom (UK) as: deep commitment; effective communication; and the need for both partners to understand each other's context of care. As well, Zheng et al. (2001) suggested that the success of a five year international educational partnership in nursing between a School of Nursing in China and a School of Nursing in the U.S. was because both institutions contributed to the initiatives. Likewise, in medical collaborations between developed and developing countries, Eastwood, Plange-Rhule, Parry, and Tomlinson (2001) suggested that in order for these international collaborative links to likely be sustainable there must be ". . . identifiable achievable gains for both parties involved" (p. 637).

As discussed in the literature review and summarized here, nurse scholars have suggested principles for an effective or successful international collaboration. Meleis and Gray (1998), for example, described four essential principles, which are: mutuality toward common goals; involvement of both partners in achieving the agreed upon goals; clarity of what is being agreed upon; and reciprocity, which involves an element of give-and-take during the international

collaboration. Similarly, Fitzpatrick (2002) suggested guiding principles for a successful international research project as: each partner is explicit about goals and expectations; timeframes for each phase of the research are clearly delineated; each member's contributions are clearly specified; a contingency plan is built into all components of the research; and, there is frequent and planned communication with each other. Earlier, DeSantis (1987) suggested principles for the successful development and implementation of co-operative transnational nursing projects. DeSantis's principles emphasized the importance of working collaboratively with international counterparts on a specified goal until it is time for the *donor* counterpart to leave. The language that DeSantis uses is *donor* and *recipient* groups.[7] In summary, many of the characteristics, qualities, and principles attributed to effective/successful international educational partnerships will be discussed as relevant to the components and elements identified as contributing to the success of this partnership.

Building Successful Partnership Relationships

Ease of Communication

Ease of communication is one of the three overarching components integral to building authentic relationships among the UA/UG partners in the successful development of the UG MPhil (Nursing) program. *Ease of communication* will be connected with relevant literature about communication in international partnerships. *Shared and individual institutional goals, shared expertise,* and *shared workload* are three elements that contributed to the success of this partnership and are discussed and linked with the importance of communication in this project. Jürgen Habermas's notion of *communicative competence* and *ideal speech* in his *theory of communicative action* is used as a lens to enhance the theoretical understanding of the *ease of communication* in the partnering relationship.

[7] The terms *donor* and *recipient* suggest a non-egalitarian relationship, so use of these terms is avoided when referring to partnerships.

Building relationships among the partners on multiple levels through networking and informing were essential for *easily communicating* the challenges and constraints that surfaced as the UA/UG project evolved. A critical mass of people *taking the time* to build authentic, enduring and reciprocal relationships from the beginning was vital to moving this project forward successfully. Other nurse scholars, Lange and Ailinger (2001), describe a model for international nursing faculty exchanges between Chile and the United States where communication was also a central element. They emphasized the importance of continuous, bilateral communication, but did not describe how the relationships between the faculty members involved in the exchange were actualized either descriptively or from a theoretical perspective. In the development of a higher education partnership for nursing practice in Brazil with the UK, critical reflections from both partners also identified ongoing communication as one of three key qualities vital for a successful partnership (Girot & Enders, 2004). Understanding cultural diversities was emphasized as critical to effective communication with funders, as well as between the link coordinators of the partnership. In the Brazil/UK partnership, both link coordinators spoke English, so language was not a barrier, and they also possessed some understanding of both *Northern* and *Southern* contexts.

Now the UA/UG partnership relationship will be explored. This particular partnership has increased meaning when situated within the historical context of the participants. Brahms (2001) states, "Living in any Commonwealth country is profoundly different from living in Britain or any other country of the Old World" (p. 66). In Canada, for example, the colonizers never left and the indigenous population never gained control as they did in Ghana, resulting in a different trajectory for Canada as compared with Ghana. Ghana, on the other hand, gained Independence from Britain in 1957. Acknowledgement of the hidden and subtle forces influencing the Canadian and Ghanaian contexts is warranted to enhance understanding of their historical context. In Ghana, the influence of western society from their colonial past still exists in their culture and surroundings. Ghana's historical past is obvious, for example, in the colonial architecture of the

University of Ghana. In addition, the terminology of higher education, and the predominance of a lecture format of instruction at UG, stems from Ghana's former ties to the UK. Despite these particular differences between Canada and Ghana, as Commonwealth nations, they collectively share the experience of colonialism and its ensuing developments. Brahms (2001) states further that:

> Their histories vary, but they always need to be understood in terms of a dependence upon the imperial centre and a later movement towards independence. The different patterns of these social fabrics are all woven upon the common warp of a striving towards political, cultural and economic self-reliance. (p. 66)

A focus on the process of building partnering relationships centers on a core group of UA/UG nursing faculty members, who understood throughout the project's development, the critical need for a partnership based on the creation of a democratic working environment. The tone of such a partnership environment holds paramount a process of equitable and shared decision-making and requires an atmosphere of open communication. Historically, the findings revealed that many of these UA/UG nursing faculty members shared similar characteristics: an established strong collegial connection through networking; a shared culture of nursing that used the same terminology within higher education; an accepted backdrop of post-colonial histories; and an acknowledged pattern of spoken English. As well, nursing faculty members from both institutions were experienced university educators. In addition, the Ghanaians provided knowledge of the *South* as context, in establishing the development of masters education, while the Canadians provided knowledge of graduate education in nursing. Expertise in both areas was essential for sustaining a new masters program. Over time, a foundation of trust and respect was established.

From the beginning of the project, the three elements of *shared and individual goals, shared expertise,* and *shared workload* were *clearly* and *easily communicated* among the partners. Because the component of communication was so critical to the successful outcome of this particular project, one salient question that emerges is: What underlying factors were embedded

within the partnering relationship that allowed the partners to communicate so easily? In this particular partnership, some of the Canadian and Ghanaian participants had formed pre-existing connections, which then evolved into friendships. Stemming from the development of a long history of well-established cross-cultural interactions, it appeared that some of the Canadian and Ghanaian participants developed a high level of mutual understanding among them that may not be so obvious, in the same way with partners unfamiliar with one another. The history of these pre-existing working relationships had been amicable, so when the opportunity to work together on this development project evolved, there was a strong, mutual desire to do so. It could be argued that in this particular project the strength of the collegial and cross-cultural relationships was an intrinsic factor enabling the partners to more easily communicate with one another.

Shared and Individual Institutional Goals

In the beginning, both partners clearly identified and easily communicated a shared vision of the two major goals of the project which was the first element of *shared and individual institutional goals.* The *shared goal* was building a sustainable MPhil (Nursing) program in Ghana. Coupled with this shared goal was achieving the individual institutional goals, which were capacity building at the UA Faculty of Nursing and UG School of Nursing. Noteworthy is the fact that there was clear communication among the partners and that there was not just one shared goal for the project, but that each partner had individual goals too. The acknowledgement by the partners of individual institutional goals fit well with the notion of equitable partnering

The University of Alberta International (UAI) Department (2007) and UG Department of International Programs (2007) had within their mandates, both in their faculties and at the institutional level, a strong desire to participate in international initiatives. As a result, when the opportunity for the UA and UG to partner presented itself, there was a shared level of readiness to engage in this international initiative. Increasingly, universities worldwide have included internationalization activities as being integral to their strategic planning (Knight, 2006). This interest is shared in nursing education (Allen & Ogilvie, 2004) and in medical education (Harden,

2006). In a recent article reviewing data from a survey conducted in 1995-96 of the international activities and dimensions at Canadian faculties/schools of nursing, Ogilvie, Paul, and Burgess-Pinto (2007) suggested there has been a significant increase in engagement in international endeavours in Canadian nursing faculties in recent years. Similarly, the International Association of Universities (IAU) 2005 internationalization survey indicated that ". . . the last decade has seen unprecedented growth in the international dimensions of higher education and the next decade promises the same or an even greater rate of expansion (Knight, 2006). As well, nurse scholars have emphasized the importance of engaging in international activities in order to develop a global perspective in nursing education (Glass, 2006; Meleis & Gray, 1998; Leh, Waldsurger & Albin, 2004; Leinonen; 2006; Twedell, 2006).

On the Ghanaian side, the UG School of Nursing was confronting a critical human resource shortage of nurses prepared at the masters level (Odoi, 2003). Many Ghanaian nurses over the past several years have migrated to other countries seeking better salaries, working conditions, and a higher standard of living (Amoa, 2003; Dovlo, 2005; Eastwood, et al., 2005). Munjanja, Kibuka, and Dovlo (2005) reported that the Ghana Nurses' Council verification data suggest that between 1998 and 2005, 3,087 nurses were seeking licensure abroad, compared to 1,729 graduates of schools of nursing who requested initial licensure to work in Ghana. As well, many Ghanaian nurses have gone abroad to seek higher education because of the absence of in-country postgraduate education (Eastwood, et al., 2005), and the inability to advance their careers (King, 2006). UG School of Nursing wanted to build its human resource capacity in order to have masters-prepared nurses to meet the faculty requirements at the UG and develop nurse leaders to contribute to the healthcare of Ghanaians, so partnering with UA was perceived as a well-timed opportunity.

At the UA, the notion of readiness corresponded with the overall UA Faculty of Nursing's initiatives for internationalization, as well as being aligned with the mandate for internationalization occurring at that time at UA. Many UA faculty members expressed that this

international partnership provided an opportunity that they had not previously experienced, but that they were interested in learning more about another culture. Other UA/UG nursing faculty members who had previous international experience thought it was a comfortable fit. As a result, they possessed various personal and professional reasons for wanting to be involved in this development project. This finding is consistent with many of the anecdotal and descriptive accounts expressed by other nurses and health care providers for participating in international opportunities (Button, Green, Tengnah, Johansson, & Baker, 2005; Fisher, 2000; Robinson et al., 2006; Spiegel Garcia, Bonet & Yassi, 2006; Zheng et al., 2001). Robinson et al., for example, found that American nursing faculty members involved for the first time in an international educational experience with nurses from India embraced the professional opportunity to learn more about nursing beliefs and practices outside their own context.

As this project contributed to goals important to both partner institutions, there was reciprocity of benefits. Some benefits were acknowledged in the beginning, while other *spin-off* benefits emerged as the project unfolded. International development projects in nursing have demonstrated that reciprocity of benefits is an important element for a successful partnership (Girot & Enders, 2004; Shah et al., 2002; Tlou, 1998; Zheng et al., 2001). The same point is made in a medical collaborative project where mutual benefits were perceived as important for explaining the satisfaction of both partners with the outcomes (Spiegel et al., 2006).

Several UA/UG participants reported that the ongoing opportunities for learning during the project were critical to their satisfaction with the process. In the late 1990's, medical researchers in Canada and Cuba who were involved in a *North/South* partnership to strengthen human resource training for the management of environmental health risks in Cuba found that this type of partnership " . . . is not a one-way transfer, but a context for mutual learning" (Spiegel et al., p. 50, 2006). These authors found that international collaboration can lead to new research on the effectiveness of intersectoral management of risks that interest both Canadian and Cuban

policy-makers, as well as adoption of new health strategies to address a population health crisis, such as the dengue fever epidemic in 2002 in Cuba.

Reciprocity of *spin-off* benefits at personal, professional, and institutional levels emerged as the partnership evolved. For example, there were opportunities for UA/UG nursing faculty members and UG MPhil students to collaborate on articles for publication (Mwinituo & Mill, 2006; Ogilvie, Allen, Laryea, & Opare, 2003; Ogilvie, Opare, & Allen, 2005; Ogilvie, Mill, Astle, Fanning, & Opare, 2007; Opare & O'Brien, 2002). In addition, UA 4th year baccalaureate students gained practical/educational international experience in Ghana, UA masters/doctoral students conducted research in Ghana, and UG MPhil students had a six-week academic experience in Canada incorporated into their program. This experience in Canada remains an integral part of the UG graduate program in nursing and is being sustained through funding secured within Ghana. Library resources were enhanced at UG, the UG Department of Nursing increased in status and became a School of Nursing, and UA/UG nursing faculty members were recognized at their institutions for their involvement in a successful international initiative.

Spin-off benefits of the UA/UG nursing partnership are consistent with what Eastwood et al. (2001) found in an international medical partnership between Ghana and the UK. The partnership was established to enhance training, teaching, and research. In 1999, for example, in Ghana, dialysis was unavailable for patients with acute renal failure. Four Ghanaian nurses were trained in the techniques of hemodialysis in the UK and all of them returned to Ghana to practice. Similarly, other authors have discussed how establishing international partnerships had increased the status of nursing within their institutions (Zheng et al., 2001). Thomas et al. (2000) describe how a nursing collaborative international health and development program between Canada and Jordan increased the profile of the nursing profession in Jordan.

Shared Expertise

Also under the framework of *ease of communication* was the second element of *shared expertise.* During the *getting started* phase of the project, it was apparent that both partners

possessed expertise that they perceived was important to communicate and share with each other in order to facilitate the ongoing development of the project. Specifically, the UG partners possessed expertise of the Ghanaian context and the UA partners possessed expertise in the delivery of masters (graduate) level education and research. Both partners had expertise in nursing and nursing education. The UG faculty members were strong-minded, visionary, and well-educated nurse leaders who had the capacity to access person(s) with other levels of expertise within their institution and the public sector, as required, keeping the project moving forward. This collaborative arrangement where expertise was shared between the UA/UG partners and amongst Ghanaian stakeholders in particular to achieve the shared goal of the project is similar to one of the primary health care partnership frameworks identified by MacIntosh and McCormack (2001) called *Interpartnership*. The premise behind this framework is that partners from different domains work interdependently and collaboratively to achieve a common purpose. The collaborative nature of the framework focuses on sharing both partners' expertise in an atmosphere of respect to meet the needs of the client. The MPhil (Nursing) students could be considered the clients within the context of the partnership.

Throughout this project, both partners revealed a high level of respect for the expertise that each partner brought to the project. The partners clearly communicated that mutually *respecting* each other's differences and similarities was critical when making decisions. They thought it was important to recognize that both partners had expertise to offer and learning needs to identify. The partners expressed that making decisions together throughout the partnership was critical because in the end it was going to be the UG's program. Girot and Enders (2004) suggest that two coordinators involved in an international educational partnership in nursing need to promote and recognize the sharing of expertise and be cognizant not to impose each other's values and ways of working.

Adjusting and adapting to cultural differences was also acknowledged as important for mutually understanding and respecting the others' perspectives. Many participants reported trying

to adjust and adapt to cultural differences as being a part of working internationally. Accompanying this was the *time* it took to understand what the differences were and how to accommodate for them and to accept that there were satisfying ways of working together even when understanding was elusive. Flexibility and respect were needed to enhance mutual satisfaction in the collaborative process. For example, differences existed between Canada and Ghana in the *time* it took to implement certain activities of the project. Obtaining ethics approval for the MPhil students' theses took longer in Ghana than is the norm in Canada because the UG ethics board met less frequently. Kassam and Tettey (2003), involved in a Canadian university-community partnership, argue that it is important to:

> . . . incorporate enough flexibility so as to cater for unanticipated developments and knowledge that will ensure maximum benefits for all partners. Rigid adherence to pre-determined agendas and ways of doing things will not augur well for the success of collaborative undertakings. (p. 171)

They suggest that such flexibility is crucial to being sensitive to the natural outcome of participatory processes that sincerely include communities and value their input. The importance of flexibility when working in another country and culture is supported by other nurse scholars involved in international nursing faculty exchanges (Lange & Ailinger, 2001; Zheng et al., 2001) and international partnerships (Girot & Enders, 2004). Within the UA/UG partnership an environment of sharing expertise in a mutually respectful manner was created. This engendered mutual respect and enhanced the partnering relationship.

Shared Workload

The last element under the component *ease of communication* was *shared workload.* The overall perception of the partners was that the workload for the project was shared. Both partners were able to clearly communicate with each other, and in order to sustain the project they had to work collaboratively and contribute what they could. Some UA/UG faculty members who worked on getting the project started had pre-existing network associations, and some UG faculty members were familiar with the North American university infrastructure, graduate nursing

education in Canada, and the Canadian nursing context. The strength of these pre-existing professional networks and deeper levels of familiarity with the North American contexts fostered collegial working relationships.

Accompanying the perception that partners were sharing the workload, several UA/UG participants communicated their willingness of having made *sacrifices* in order to achieve the shared goal of the development of a sustainable MPhil Nursing program at UG. Questioned was the use of the term *sacrifice* that was repeatedly used as part of the UG participants' lexicon, but not with the UA participants. The UA participants, however, inferred that sacrifices were made too. While the description of the sacrifices made by the UA/UG participants tended to be framed positively in terms of meeting the goals of the project, it was implied that the sacrifices could have adverse consequences in one's personal life and professional career. The Canadian Oxford Paperback Dictionary (Bisset, 2000) defines sacrifice as "the act of giving up something valued for the sake of something else more important or worthy" (p. 909). From this definition there is some notion that something of value is being surrendered.

In this study, a predominant sacrifice by both partners was *time,* with the result that *time* was taken away from other personal and professional pursuits. Personal sacrifices in terms of *time* was time away from family, time spent preparing to go away, and time required to entertain international faculty and students. In terms of professional sacrifices, there was a concern voiced by some UA/UG participants that the extra time sacrificed for the project placed one's scholarly output *on hold*, or delayed one from continuing their own professional graduate education. A suggestion was made by some UA participants that if universities are going to continue to promote internationalization in higher education, there should be some mechanisms put in place to reward this type of work. Otherwise, as some UA/UG participants articulated, few faculty members will pursue development work that is perceived as adversely affecting their professional careers. Ogilvie et al. (2007) have also raised the issue of rewarding faculty members' participation in development work and suggest that "situating international content in

faculty/school of nursing mission and vision statements, in conjunction with rewarding international work through inclusion in faculty evaluation criteria, would provide impetus for international participation by faculty members" (p. 15). Similarly, Kassam and Tettey (2003) argue for a redefinition of merit criteria to reward scholars who participate in development work. The example they make reference to is a Canadian university-community partnership with native Denee Aboriginal communities. In addition to merit reward, they argue for universities to acknowledge the importance of the outcomes and publications of such projects, even if they may not be aligned with the academic genre or what is considered meritorious research, but are useful for policy makers and consultants. In terms of the UA/UG project, many of the UA/UG participants thought that the sacrifice made by both partners in terms of putting in extra time working was worth it in order to have a successful outcome. As well, the general consensus by the UA/UG partners was that they would not have it any other way, because nurses genuinely want to see a positive outcome.

No research on the notion of sacrificing in terms of international partnerships in nursing was found. In the nursing literature, however, some nursing scholars have examined the notion of sacrifice in terms of a concept analysis of the phenomenon of sacrifice related to Parses's Human Becoming, a nurse's professional self (Pask, 2005), and the relationship between patient and carer (Helin & Lindstrom, 2003), providing varying understandings of the underlying and contradictory elements of such a term.

Florczak's (2004) review of literature from theology, sociology, anthropology, and psychology led to a description that:

> . . . sacrificing something important is a process of letting go of something of worth. Letting go of something of worth is what a person does in hopes of connecting with the divine, maintaining a relationship with family, or connecting with other humans. (Florczak, 2004, p. 199)

This understanding of sacrificing is applied to Parses' *Human Becoming School of Thought* to provide a nursing perspective. Florczak (2004) suggests that "the act of sacrificing can be

understood as relinquishing something of importance in anticipation of fortifying an affiliation and therefore, it is a chosen way of living" (p: 199). In other words, the human way of living is a valued priority that is chosen by a person, and is an incarnation of health. The phenomenon of sacrifice viewed in this context has significance to nursing because it is a universal lived experience related to one's quality of life.

From another perspective, Pask (2005) examines the notion of a nurse's professional self as one who is attracted towards intrinsic value. Pask argues further that nurses' desire towards intrinsic value inevitably encompasses their vulnerability. Nurses who see intrinsic "value are shown to be vulnerable to self-sacrifice in their willingness to work for the good of their patients, at the expense of themselves. Pask suggests that the ability of nurses to transcend their self is a necessary requirement of a nurse's professional self, which may need support and nurture through a nurse's education. "We become vulnerable because we are moved to transcend our self, and in doing so to look away from our self" (Pask, 2005, p. 251). In this case, when examining what occurred in the UA/UG partnership, some of the partners in this study placed the goals of the partnership as holding greater importance than their self.

Helin and Lindstrom (2003) suggest that "The semantics of the concept of sacrifice reveals that it hides contradictory dimensions of meaning, which contain a hint of the complexity of the phenomenon of sacrifice" (p. 416). They question whether sacrifice may be an important factor to consider in the ethical structure in the development of the relationship between patient and carer. They argue that sacrifice in a relationship between patient and carer cannot be fully comprehended from a utilitarian ethic perspective, rather consideration should be given to varying contextual and situational elements. Although the focus of their work is on the caring science research literature revealing contradictory versions, it may have merits in examining the relationship between partners in an international setting. It has the potential for transforming and considering the ethical structure of such a relationship towards meeting the goals of the project.

Sacrificing can be viewed as an intrinsic value on the part of a nurse's professional self (Pask, 2005), and as encompassing an ethical dimension between the patient and care provider as unique (Helin & Lindstrom, 2003), whereby consideration is given to contextual and situational factors, or to understanding at a universal level (Florczak, 2004). These varying views cannot specifically be transferred to the sacrificing that occurred in this study. It may provide, however, other perspectives for enhancing the understanding of how the partners in this project made the decision to relinquish something of personal/professional value, because they were steadfastly committed from the beginning to achieving the goals of the project.

Habermas's Communicative Competence and Ideal Speech

Used as a theoretical framework, Habermas's notions of *communicative competence and ideal speech* within his *theory of communicative action* may enhance understanding of how *communication* occurred easily among the partners while *communicating* their *shared and individual institutional goals, shared expertise,* and *shared workload.* Habermas's theory may direct a way to understand some of the deeper processes, hidden and subtle historical, political, social oppression, and domination inherent in communicating with each other while building a satisfying partnership relationship. "Habermas's primary achievement has been to make the theory of dialogue central to the foundation of the human sciences in his theory of communicative action" (Mill et al., 2001, p. 114). A core group of UA/UG nursing faculty members in this partnership revealed a genuine level of value and respect for the ideas and opinions of each other. Consistently throughout the project, these UA/UG nursing faculty members made a concerted effort to consult with one another about major decisions concerning the development of the project. As well, the structure inherent within the project, with yearly scheduled meetings between the UA/UG Management and Advisory Committees, provided a joint forum for the partners to be involved in shared communication.

Habermas argues ". . . that reason can no longer be claimed to issue from the

subject-object relations of the philosophy of consciousness, be it in Kantian, Hegelian or Marxian forms. Rather, it issues from the subject-subject relations of communicative action" (Scambler, 2001b, p. 10). In other words, the concept of *communicative action* requires the interaction of two individuals who are capable of *speech* and *action*. Then "the participants seek to achieve an understanding about the situation of action and their plans of action by arriving at an agreement so that their future actions may be coordinated" (Kim & Holter, 1995, p. 211). Habermas suggests that in order to have a theory of communicative action, communicative competence and an ideal speech situation are required. *Communicative competence* refers to linguistic competence as well as competence in speech and symbolic interaction.

> Habermas argues that our ability to communicate has a universal core-basic structures and fundamental rules that all subjects master in learning to speak a language. Communicative competence is not just a matter of being able to produce grammatical sentences. In speaking we relate to the world about us, to other subjects, to our own intentions, feelings, and desires. In each of these dimensions we are constantly making claims, even if usually only implicitly, concerning the validity of what we are saying, implying, or presupposing – claims, for instance, regarding the truth of what we say in relation to the objective world; or claims concerning the rightness, appropriateness, or legitimacy of our speech acts in relations to the shared values and norms of our social world; or claims to sincerity or authenticity in regard to the manifest expressions of our intentions and feelings. (1984, p. X)

To have *communicative competence* means the mastery of what Habermas calls an *ideal speech* situation (Kim & Holter, 1995). There are fours types of speech acts necessary for an ideal speech situation:

1. *Constative* speech acts in which the true value of utterances is the key
2. *Representative* speech acts in which the self-representation of the speaker is made
3. *Regulative* speech acts in which the normative status of rules is expressed
4. *Communicative* speech acts that serve to express different aspects of the very purpose of speech. (Kim & Holter, 1995, p. 212)

In the UA/UG partnership relationship, focusing on a core group of UA/UG nursing partners, all spoke English, possessed a strong cross-cultural understanding, were colleagues and friends, and had a solid understanding of each other's historical, social, and political contexts. Based upon these characteristics, the findings revealed no significant barriers to communication among the partners. Habermas's concept of communicative competence through the notion of an ideal

speech situation may be helpful in explaining the ease with which the UA/UG partners were able to openly dialogue with each other about the project; the ". . . necessary assumption of an *ideal speech situation* where falsifying consciousness would be reduced because communication would assume the form of authentic dialogue not based on asymmetrical relations of power" (Morrow, 1994, p. 149). Scambler (2001b) states, "Language use, in short, presupposes commitment to the 'ideal speech situation', in which discourse can realize its full potential" (p. 10). It is important not to view Habermas's *ideal speech* situation as something that is easily achieved by both partners, and in his later work Habermas proposes a theory of argumentation as a way discussions should take place (Kim & Holter, 1995). The salient feature of the *ideal speech* is a strategy for reconstructing the concept of reason (Morrow & Torres, 2002). "It does not follow that the ideal speech situation is readily accomplished, but it does mean that communicative action, although always occurring in a particular cultural context, rests also on an ahistorical factor" (Scambler, 2001b, p. 10). In the UA/UG partnering relationship they were able to strive toward a level of authentic dialogue which fostered ease of communication between them. Differing contexts, however, always make ideal communication elusive. As Habermas, however, developed his theory of communicative action further, it helped enhance understanding of how the differences were communicated within the UA/UG partnering relationship (Scrambler, 2001), which will be discussed under the next component, *sharing power*.

Sharing of Power

Sharing of Power was the second component critical to the process of building a successful partnering relationship among the UA/UG partners. *Shared leadership* is the element that will reveal how power was shared in this project. Habermas' *theory of communicative action* and Foucault's notions of power and knowledge are used to enhance the theoretical understanding of how power was shared in the partnering relationship.

Partnerships involve interdependent relationships with various power inequalities and partners with varied systems of accountability (Fielden et al; 2007). Brinkerhoff and Brinkerhoff

(2004) suggest that one of the major factors in limiting the achievement of an international partnership's potential is the power imbalance between donors and Non-Governmental Development Organizations (NGDOs). As a result, power imbalances may inhibit the mutuality required for partnership work (Lister, 2000). The UA/UG project was similar to other international development projects whereby a *donor* and *recipient* situation existed with the donor for example providing and controlling the finances, and the recipient on the receiving side (Brinkerhoff, 2002a; Lister 2000). Although the terms *donor* and *recipient* do not fit with the egalitarian characteristics of partnership, this power imbalance cannot be ignored. The major source of funding and monitoring of the expenditures for the UA/UG project was coming from Canada, which is one obvious example of a power imbalance that existed from the beginning. Both partners, however, acknowledged this particular monetary imbalance so throughout the project there was ongoing consultation about how the funding would be distributed within the parameters of the funding agency. As well, during the project, there was a shift in the dynamics of the leadership roles, which also influenced how power was shared. In the development of the MPhil program, the UA/UG Project Directors openly communicated and made decisions together that fostered their partnering relationship. The important questions that arise from this are: What is the underlying process affecting how *power is shared* in a balanced and equitable manner when a *donor/recipient* situation exists as in this project? What is the underlying process affecting *how power is shared* in a balanced and equitable manner when there is a shift in leadership roles? In this project *sharing of power* significantly influenced the dynamics and success of the UA/UG partnering relationship. The findings revealed that a complex web of contextual features influenced how power *revealed itself, shifted*, and was *mutually understood* by both partners.

Shared Leadership

Sharing of power in a *reciprocal* manner among the partners manifested itself in the element of *shared leadership.* The majority of the *day to day* administrative/operational work was accomplished through the *shared leadership* of the UA/UG Project Directors and the UA/UG

Management Committee members. Sharing the leadership role between the UA/UG Project Directors and UA/UG Management Committee members was viewed as critical for providing ongoing direction throughout the project.

Several UA/UG participants spoke about the importance of the strong leadership qualities of the UA/UG Project Directors and UA/UG Management Committee members who were in frequent consultation and communication with each other in order to keep the project moving forward. Some of the UA/UG Project Directors and Management Committee members had pre-existing, long-term collegial relationships which had evolved into friendships, but others had a connection through long-term historical links between Canada and Ghana while attending graduate school in Canada or the United States. Those core UA/UG participants involved in the planning and ongoing progress of the project, who did not initially have pre-existing relationships, during the life of the project established collegial/friendship relationships. As a result, these collegial/friendship relationships collectively led to strong cross-cultural relationships based on trust and respect. Stemming from this was how these UA/UG Project Directors and UA/UG Management Committee members acknowledged the perspectives, judgments, and values of each other in regard to making mutual decisions in an amenable and reciprocal manner for the project. The UA/UG Project Directors and UA/UG Management Committee members were visionaries, possessed expert knowledge, and were very supportive of each others' desires for the project.

The findings revealed that the element of shared leadership was also attributed to the personal and professional backgrounds of the UA/UG Project Directors who had previous leadership roles and/or experience working together or with others internationally. Several UA participants suggested that prior experience working internationally influenced the UA Project Director's ability to adjust and adapt to the cultural differences in Ghana. Some of these participants also suggested that in order to effectively lead as a Project Director, past experience working internationally would be a desirable asset. Such experience is likely to enhance

understanding of underlying issues such as cultural practices and may influence the ease with which the Project Directors were able to communicate. The importance of having Project Directors who understood the context of where the program was being implemented was viewed as contributing to the success of the project. Similarly, Girot and Enders (2004) found that having project coordinators possessing some background knowledge of the others' contexts and cultural expectations was vital to success of an international nursing partnership.

In the UA/UG partnership, both UG Project Directors had been graduate students in Canada, so possessed an understanding of the Canadian university system. As well, the UG Project Directors were leaders in their own community, had established leadership capacities, and possessed the knowledge to acquire resources for the project that the UA counterparts could not. The first UG Project Director stepped down after the external mid-term evaluation in 2002 when one of her successors as Head of the School of Nursing assumed the UG Project Director position. The second UG Project Director had been supervised for her MN by one of the UA co-directors. This shift in the dynamics from student/professor relationship to Project Director/Project Director relationship is another example of a power imbalance that potentially could have influenced the success of the UA/UG partnering relationship. In this example, the shift in power to a notion of shared power revealed that because there was a past history of a respectful and trustworthy relationship of working well together, the shift in power to a shared leadership position did not become a major constraint. There was acknowledgement by both persons of the potential for miscommunication; however, conscious efforts were made throughout the project to maintain an equalitarian position among the partners.

Habermas's Theory of Communicative Action and Foucault's Notions of Power and Knowledge

How *power was shared* within the *leadership* of the UA/UG partnering relationship can be further understood through application of Habermas' *theory of communicative action* and

Foucaults' notions of power and knowledge. Both works provide merit in analyzing how power was shared. Flyvbjerg (2001) argues:

> Habermas and Foucault are not simply opposites of each other; they are each other's shadows in their efforts to both understand and limit rationalization and the misuse of power. It is just such limitations, which both thinkers see as among the most important tasks of our time. (p. 88-89)

Critical theory invokes consciousness-raising about hidden sources of domination and power through a process of dialogue and self-reflection (Welch, 1999). In contrast, Foucault views power as a creative force that by virtue of multiple forms of constraint is an inherent part of the production of truth (Foucault, 1980). In other words, power can be viewed as positive and productive and not just as negative or repressive. As well, Foucault views power and knowledge as integrated concepts because power creates knowledge, and knowledge constantly brings about power.

A central theme underlying Habermas's theory of communicative action is a distinction between two central forms of discourse; *communicative* and *strategic action. Communicative action* refers to "interaction that is mediated through talk and oriented to an agreement that will provide a basis for a 'consensual coordination of individually planned plans of action" (Greenhalgh, Robb, & Scambler, 2006, p. 1171). In other words, in this type of action the participants are trying to reach mutual understanding. On the other hand, *strategic action* occurs when a participant "…aims through speech to produce an effect on others" (Greenhalgh et al., 2006, p. 1171). Strategic action is oriented to individual successes rather than understanding. When there is divergence between a participant's discourse and action with another participant this can lead to what Habermas calls *distorted communication* (Habermas, 1984). Habermas also makes a distinction between the *lifeworld* and *system.* The *lifeworld* refers to everything that contributes to a person's understanding of their social world, including their cultural background. The *lifeworld* is characterized by *communicative action* (Habermas, 1984). The *system* "…comprises the state and economy, each characterized by *strategic action* via their respective

steering media or money . . . . and power" (Greenhalgh et al., 2006, p. 1171). When the state and economy encroach in unaccountable or inappropriate ways into the *lifeworld,* they can be said to *colonize* it.

The UA/UG participants often stated that "no one wanted the upper hand" during any phases of the partnership. This narrative description reveals the omnipresence of egalitarian, nonhierarchical thinking by both partners. The overriding tone of the UA/UG partnership explicated the freedom of different players to have their voices heard. Mill et al. (2000) argue that some scholars believe that "…critical theory is only pertinent where overt oppression takes place" (p. 122). A closer analysis of Habermas's theory of communicative action reveals that domination occurs from distorted communication of any kind. The ease with which the UA/UG partners could dialogue was based upon a shared perception by both partners of wanting to share power. The discussion about how power was shared in this project will focus on the shared leadership between the UA/UG Project Directors and Management Committee members. This distinction is important to make because other UA/UG participants worked as colleagues but did not develop long-standing friendship relationships. There were some misunderstandings that arose between some of the UA/UG participants, but this did not interfere or affect to any great extent the partnering relationship established among the core group of UA/UG participants, which is the focus of this discussion. Secondary analysis of some of the data in this research may be useful in the future. According to Habermas "Critical social theory claims to move beyond the subject-objectivist debate to a dialectical relationship between the two philosophical traditions [empiricism and subjectivism] in an effort to address and alter relations of power that shape social reality" (Brown, 2000, p. 42).

During the UA/UG partnership, power was mobile and transient; it was not confined or locked in. During all phases of the project, power would shift between the UA/UG Project Directors, for example, in making a joint decision; expertise to assist with the outcome of a decision was often located on one side of the partnership, and in another situation power would

shift to the other partner. For example, when the Project Directors made decisions about matching the MPhil students with professors for thesis supervision, the decisions would be made in accordance with the UA or UG Project Directors or among the UA/UG Management Committee members who best possessed the requisite expert knowledge to assist with making a decision agreeable to both partners. As was discussed under the first component *ease of communication*, the UA/UG Project Directors clearly revealed a strong desire for this project to succeed, so engaging in a free and open dialogue with each other explicated an equal opportunity for both partners to communicate within a coercion-free environment. The importance of having the partners engage in reflective dialogue about a particular project issue fostered clarity in the communication process. The findings revealed that both Project Directors often stated "I need to check with my partner in Ghana or Canada prior to making a final decision". Both Project Directors revealed a genuine interest in the other person's perspective and did not want to make a decision that may not be in the best interests of both of them. In other words, such partnering leads to a less polarized position, fostering openness and appreciation of the value of opposing perspectives. "Critique does not aim for agreement, but should contribute to the clarification of the basis for their declared authenticity or sincerity, and thereby improve our understanding of the nature of such authenticity or sincerity" (Hage & Lorensen, 2005).

In the beginning, during the completion of the grant proposal for funding, and in the development of the courses for the MPhil courses, there was shared acknowledgement of the expertise both partners contributed. In this context, there was the notion that leadership for the project from the onset was shared and varying viewpoints and beliefs respected. In terms of funding for the project which came from a Canadian funding agency, the UA Project Director thought that it was imperative that the UG counterparts clearly understood the funding agency's parameters which could constrain how the grant money was to be spent. Throughout the project, there was a conscious effort made by the UA Project Director to have ongoing transparent discussions with the UG Project Director about this. Despite the ongoing dialogue, however,

some UG nursing partners openly voiced that some of the parameters concerning grant expenditures differed from other grants they had experienced in the past. Habermas's communicative action may assist with understanding on a deeper level the actualization of the interpersonal interaction between the UA/UG partners. Habermas's communicative action is based upon communicative rationality rather than the concept of *cognitive-instrumental rationality* "…that has, through empiricism, deeply marked the self-understanding of the modern era" (1984, p.10). On the other hand, Habermas states *communicative rationality* is:

> …if we start from the communicative employment of propositional knowledge in assertions, we make a prior decision for a wider concept of rationality connected with ancient conceptions of *logos.* This concept of *communicative rationality* carries with it connotations based ultimately on the central experience of the unconstrained, unifying, consensus bringing force of argumentative speech, in which different participants overcome their merely subjective views and, owing to the mutuality of rationally motivated conviction, assure themselves of both the unity of the objective world and the intersubjectivity of their lifeworld (p. 10).

To achieve intersubjective understanding and coordination of actions between the participants, Habermas specifies different validity claims underlying speech acts; truth, rightness, truthfulness, and comprehensibility. Habermas proposes that it is through a theory of argumentation that a discussion between the participants can either ignore or acknowledge the reasons represented in the argument. An ideal speech situation requires symmetric and reciprocal conditions. Reciprocal conditions provide equal opportunities for participants to express perspectives and equal opportunities to make and retract a promise, while symmetric conditions provide equal opportunities to use communicative speech acts. If participants are unable to engage freely through the theory of argumentation, mutual understanding will not occur. The UA/UG Project Directors revealed an openness to dialogue with each other regarding the issue of how the funding for the project was being spent. In this open dialogue, both sides of the issue were discussed and eventually they arrived at a mutually agreed upon consensus. Normative reason cannot be achieved instrumentally but can only be constructed dialogically, if it is to avoid negative effects of domination (Morrow & Torres, 2001). In situations where mutual

understanding is unattainable, this may lead to strategic actions that are concealed either unconsciously or consciously, which can lead to distorted communication, that is communication that is one-sided, strategically orientated, and where communicative action does not occur. This example illuminated how each partner felt comfortable, empowered, and liberated to actively participate in the decision-making in a democratic process for the project that was in the end not one-sided. Both partners were able to come to a level of mutual understanding and agreement once both partners understood that the UA partner was not intentionally trying to dominate, but was adhering to the funding agency's strict guidelines. Both Project Directors took responsibility for the operational side of the project and as Habermas would suggest 'being active in one another's *lifeworlds'*. Although Habermas's communicative action is useful in assisting with outlining the preconditions for how decisions are made democratically, it provides little direction as to how to implement them. As Flyvbjerb (2001) states, "His [Habermas's] work contains little understanding of how power functions or of those strategies and tactics which can ensure more of the sought after democracy" (p. 107).

In contrast, Foucault's approach to power offers another way of viewing *sharing of power* among the UA/UG Project Directors that differs from Habermas's universalistic notion of rationality that focuses on how power through communication can have hidden meaning through domination, or subordination. Foucault (1990) suggests that power is exercised and not possessed, as it is always present in social relations. In other words, power does not reside in any single person or institution. "Power is not something that is acquired, seized, or shared, something that one holds on to or allows to slip away; power is exercised from innumerable points, in the interplay of nonegalitarian and mobile relations" (p. 94). In other words, power is multidirectional and may come from the "bottom up", or from the "top-down". Foucault argued that power relations operate at the micro level of society. Foucault focused on *how* individuals are affected by power relations. Power can be productive and repressive depending upon how discourses disrupt and challenge power relations (Foucault, 1980). Foucault (1980) sees power and

knowledge as integrated with one another. "It is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power" (Foucault, 1980, p. 52).

Foucault's notion about the micro politics of everyday life is useful in examining the local power relations between the UA/UG partners social and cultural practices. Other scholars, however, have suggested that Foucault's focus on the micro politics of power takes away from examining other patterns of power or domination (Allen, 1996). In contrast, Foucault (1990) was critical of the critical social theories understanding of power as forces of domination or subordination as representing only one kind of power. In the development of the MPhil (Nursing) program, the UA/UG partners openly communicated and made joint decisions about how the program would unfold. A conscious decision was made by the UA partners to acknowledge the expert knowledge that both partners possessed and brought forward to the development of the MPhil program. Foucault's norms are based on a personal and historical context which cannot be given universal grounding independent of those persons and that context. The UA/UG partners all possessed expert knowledge; for example, the Canadians had knowledge about graduate education and the Ghanaians had knowledge of their context. As a result, the project was structured so that both partners jointly contributed expert knowledge to course co-development, co-teaching, and student thesis co-supervision. As a result, Foucault's notion of power and knowledge fit with the UA/UG partnering relationship revealing power that was both nonegalitarian but mobile, allowing the point of power to shift according to context. This created a positive opportunity for the UA/UG partners to exercise power/knowledge in the development of the MPhil program in a reciprocal and circulatory manner. Depending who had the expertise, power would shift, suggesting that power relations in society occur at many levels.

The application of Habermas's *theory of communicative action* and Foucault's notions of power and knowledge is useful because it provides a broader understanding of how power was shared among the UA/UG Project Directors. Habermas's analysis of power reveals a notion of enlightenment, empowerment, and emancipation when both partners are genuine in wanting to

take the opportunity to collectively engage with each other in dialogue to seek and share perspectives, thereby creating mutual decision-making within two socio-cultural settings. Habermas's distinction between communicative and strategic action and lifeworld and systems is useful for revealing the importance of each partner taking the time to understand each others' lifeworld in order to facilitate communicative action. Foucault's analysis is useful because it provides an understanding of the discourse among the partners on a micro-level of power and knowledge. Reflection on the work of both Habermas and Foucault revealed that through thoughtful critique and discourse there was acknowledgement and mutual understanding by the UA/UG partners that power was mobile, flexible, and cyclic over-time leading to a productive, satisfying, and equitable collaboration. This also highlights the complexity of the partnering relationship that constantly is adapting to diversity.

Focus on Capacity Building

The third component *focus on capacity building* was integral to achieving the goals of the UA/UG project and partnership, and will be connected with relevant capacity building literature in international development. The three elements of *adequate resources, mobilized external resources,* and *commitment to sustainability* are significant in terms of their relevance to the successful planning, implementing, and evaluating of the UA/UG project, and will be linked to the capacity building process. Freire's notions of critical consciousness and authentic dialogue are used as a lens to enhance the theoretical understanding of the partnering relationship relative to the project's focus on capacity building.

The overarching focus of the UA/UG project was the important concept of capacity building in order to successfully achieve the shared and institutional goals. This focus on capacity building is aligned with current thinking, since the early 1990s, and includes ". . . the development of physical, human, organizational, social, and cultural capital" (Ogilvie et al., 2003, p. 114). Increasingly, for example, NGO's, international donors, and Ministries of Health (MOH) are emphasizing capacity building as key to enhancing overall performance in the health sector

(LaFond, Brown, & Macintyre, 2002), with health viewed as a key element of human capital (Hancock, 2001). In recent years, with dwindling donor resources, there has been a shift away from service expansion toward a focus on building sustainable local skills and structures vital to health systems performance (Bossert, 1990). As a result, ". . . capacity improvement has become central to strategies used to develop health systems in low-income countries" (LaFond et al., 2002, p. 3). The premise behind capacity building suggests that achieving better health outcomes demands increased investment, such as financial resources, adequate local capacity, and infrastructure to use resources effectively. Capacity building is also thought to assume a critical role in reducing reliance on external assistance over the long-term, resulting in sustainability of health outcomes. Currently, most international development projects view capacity building as vital to a successful outcome (Angeles & Gurstein, 2000; Bower, 2000; DeSantis, 1995; Khan, 1998; LaFond, Brown, & Macintyre, 2002; Moyer, Coristine, MacLean, & Meyer; 1999).

Based upon a comprehensive review of the capacity building literature, LaFond et al. (2002) suggested a broad definition of capacity building, differentiating between the two terms *capacity* and *capacity building*, stating: "If capacity is defined as 'the ability to carry out stated objectives', then capacity building is a process that improves the ability of a person, group, organization or system to meet its objectives or to perform better" (p. 10). Their conclusion was that most development organizations engage in some type of capacity building for the achievement of their goals.

LaFond et al. (2002) describe four important and linked levels of capacity in the health sector. Based upon the published literature, and a group of capacity building practitioners who met at the Global Health Council meeting in Washington, DC in 1999, three levels of capacity are described: (1) *health system*; (2) *organizational*; and (3) *human resource or health program personnel*. They suggest a fourth level of capacity, which is the *individual/community*. Most capacity building interventions focus on the *organizational or human resources/personnel* level, with less focus on the *health system* and *individual/community* levels. Briefly, the *health system*

level refers to "a collection of institutions or organizations, and the health personnel in those organizations, working together to deliver health care and/or promote better health" (p. 8). The focus of the *organizational* level is on the processes, structures, and management systems that enable health-related organizations to adapt and function effectively in changing circumstances. The premise behind the *human resource or health program personnel* level is the collective body of persons who work in the health system in a variety of managerial, technical, and support areas. The fourth level, *individual /community,* is key to building a sustainable health system and incorporates the persons who shape or benefit from the health system. LaFond et al., while supportive of using capacity building as a strategy to develop health systems, articulated concern about the lack of consensus between academics and practitioners on definitions of capacity building and how to evaluate its effectiveness. Based upon the four aforementioned levels, they developed a conceptual framework for mapping capacity in the health sector. They suggest mapping because of the lack of empirical evidence for the link between performance and capacity in the health sector. The four levels of capacity are further broken down into four specific frameworks describing inputs, processes, outputs, and outcomes. These potential maps of capacity may provide a beginning point for assessing gaps in capacity and provide a guide for planners in evaluation and monitoring the effectiveness of different capacity building interventions. The framework needs to be applied in the field before further refinement can be applied to the existing framework. A better understanding of the link between the four levels of capacity may assist with measuring capacity in development projects in the future.

Adequate Resources

In the UA/UG partnership, ***adequate resources, mobilized external resources,*** and ***commitment to sustainability*** were three vital elements that contributed to the success of this project's capacity building focus. In this project, ***adequate resources*** refers to the infrastructure, such as having sufficient funds, qualified persons to instruct at a graduate level, individuals with experience in international work, and others of good standing in positions to influence the

ongoing mobilization of resources critical to getting the project started and sustained in the long-term. Eventually, the UA Faculty of Nursing and the UG School of Nursing were able to acquire the necessary requirements of the first element, ***adequate resources***, but historically it took many years for these resources to support a development project of this magnitude. In summary, in Ghana, there were UG School of Nursing faculty members who over many years recognized the need and value of higher education for nurses. In the past, there was dynamic change and growth in nursing education in Ghana following independence in 1957 (Opare & Mill, 2000). Despite various economic constraints, growth in nursing education from 1957 to 1970 continued because of the vision of a strong group of Ghanaian nurse leaders. The head of the UG School of Nursing had tried to establish a partnership with Canada in the late 1970's and into the 1990's in order to establish a graduate program in nursing at the University of Alberta. During the years following the 1970's, however, Ghana suffered major economic decline linked to years of political instability. As a result, the influence upon education, particularly in universities, was that financial resources to establish new programs did not exist. The main constraints were: (1) lack of economic resources; (2) lack of sufficient professorial faculty with the requisite experience; and (3) lack of infrastructure to implement and sustain a graduate program in nursing at UG. Such constraints are shared by many other international partnerships whereby for example, insufficient funds delay projects from starting (Basch, 1990). A review of studies in Africa and Central America suggests that a major constraint primarily for African countries was a low level of economic capability in terms of effective absorption of development funding (Bossert, 1990). This was not an issue at the University of Ghana.

Over time, however, the UA Faculty of Nursing expanded with more faculty members acquiring PhDs and gaining experience in graduate student supervision. This increased pool of UA faculty with the requisite skills fostered a favourable climate for supporting the development and implementation of a new graduate program in Ghana that would not severely affect the ability to sustain the graduate programs at the University of Alberta. As well, some of these UA

faculty members possessed substantial international experience. From the Ghanaian side, there was a core of highly experienced nurse educators with masters' level preparation. Although few in number, their motivation to prepare the UG School of Nursing to meet future education needs was exceptional. The granting of CIDA funding made the UA/UG project viable. Both partners, as well, acknowledged that the primary funding source for the duration of the project was coming from the CIDA grant. Tlou (1998) suggests that in building and sustaining international partnerships it is important to have many levels of support, particularly the necessary funds. As well, several UA/UG participants thought that focusing the project on building capacity in Ghana was instrumental in garnering solid and long-term assistance at the local level. Situating projects within a country, based on the country's expressed priorities and needs, is broadly thought to foster sustainability (CIDA, 2004-05).

Infrastructure was clearly built into the project during the proposal phase; for example, the UG provided an administrative assistant to support the MPhil program; the UA assisted with developing library resources and computer skills of the UG School of Nursing faculty and students; and Management and Advisory Committees were established at UA and UG to facilitate the ongoing management and operational aspects of the project. The UA/UG Management Committee were comprised of a *core* group of nursing faculty with expertise as nurse educators, including many with international nursing backgrounds. Similarly, the UA/UG Advisory Committee were comprised of highly respected individuals with academic/administrative positions at UA/UG, or with administrative positions in the public sector, such as the MOH, including the Chief Nursing Officer of Ghana. This structure was vital as it was comprised of well-qualified people who could make decisions and had the credibility and power to mobilize resources and thus move the project forward. This was particularly important in Ghana and was a major contributing factor to both the success of the project and the likelihood of sustainability of the graduate program.

Mobilization of External Resources

The second element, ***mobilization of external resources*** in Ghana and Canada, was critical to acquiring other resources vital to all phases of the UA/UG project. Mobilization of external resources was achieved through the connections both partners had with others outside of the UA Faculty of Nursing and UG School of Nursing. Initially, mobilization of external resources was achieved through ongoing *informing* which garnered ongoing support. For example, many UA participants suggested that the UG Project Directors were strategic in continually networking by *informing* both individuals at UG and decision-makers in the academic domain and public sector about the project. Many UA/UG participants thought that these individuals would also benefit from employing masters-prepared nurses and needed orientation regarding the potential contributions of graduates. Waller-Wise (2006) suggests the importance of establishing relationships with other departments outside one's own in order to create informal networks. As well, Waller-Wise argues that it takes considerable time to form strong relationships through networking. Networking relationships are more effective and more likely to survive when both partners involved perceive the benefits (McCartney, 2001). This strategic informing was important because many people outside the UG School of Nursing were unaware of the impending critical human resource shortage. They also had stereotypical views of nursing and were unaware of the contributions that adequately-prepared nurses could make to health sector development and health research in Ghana. It was important to catch the imagination of important stakeholders who could champion the skills and potential contributions of the graduates of the UG School of Nursing.

Over time the UG Advisory Committee was instrumental in mobilizing resources for the project. During the implementation phase, for example, the MOH provided funding for the second cohort of MPhil students to travel to Canada and shared the cost for the third and fourth cohort of MPhil students. This financial support was essential for sustaining the six-week practicum in Canada after the CIDA funding ended. In addition, as the CIDA funding ended, the

UG Advisory Committee members engaged in dialogue about support needed to sustain the MPhil program. The dialogue centred partly on access to funding for continued capacity building of faculty members, as well as strategies to facilitate and enhance existing strengths in meeting academic and graduate program expectations. Brinkerhoff (2002b) suggests that in a development project it is important to engage and mobilize all participants who potentially could contribute to or be affected by the partnership. Brinkeroff also argues that partnership is the most ethical approach for sustainable development. The ongoing *networking* through *informing* resulted in contributions being made to support the project from inception to post project.

In Canada, there was also mobilization of external resources to assist with the capacity building process. The UA Faculty of Nursing and several UA faculty members made donations to start a research fund at UG. The Ghana Friendship Society, an association of Ghanaian immigrants living in Edmonton, also contributed to the project and continues support in organizing housing for UG students during their academic experience at UA. Donations for the UG library came from the College and Association of Registered Nurses of Alberta (CARNA) and from Grant McEwan College, as well as from faculty members at the University of Alberta.

Commitment to Sustainability

The third element, building in components related to ***sustainability*** from the inception of the project, significantly contributed to the success of the UA/UG partnership. ***Commitment*** to developing the MPhil program was uniformly shared by the UA/UG participants. Both partners wanted the project to succeed. The focus on the concept of capacity building occurring in this project may be viewed through a human and social capital framework. Hancock (2001) defined human capital as consisting of: "…healthy, well educated skilled innovative and creative people who are engaged in their communities and participate in governance" (p. 276). In this project, the focus was on increasing a pool of well-educated nurses who could contribute to the health of Ghanaians. As well, in Canada and Ghana there was the shared goal of increasing human capital of the UA and UG faculty members. During the project, UG faculty members acquired skills and

knowledge, giving them the confidence to eventually assume responsibility and accountability for various aspects of the MPhil program as was originally envisioned during the *getting started* phase. The UA/UG partners continually established formal and informal networks with interest in investing in the human capital focus of the project.

Social capital is defined as: "the 'glue' that holds our communities together. It has both an informal aspect related to social networks and a formal aspect related to our social development programs" (Hancock, 2001, p. 276). Social capital, although not found directly related to capacity building in the development literature as reviewed by Oglivie et al. (2003), has been a part of a growing body of literature based upon a emergent awareness of the influence of social relationships. Social capital is viewed as important in getting things done in the workplace (Potts, 2005). Taking the time to establish relationships with each other and the willingness to work together were critical to facilitating the effectiveness of the UA/UG partnership. Many UA/UG participants thought that the time it took to strategically inform all stakeholders within the university setting and outside in the community about the purpose of the project, prior to the implementation, was critical to garner an unyielding commitment throughout the partnership. Also, because in the beginning there were no PhD prepared faculty in the UG School of Nursing, developing relationships with other UG academics was vital in order to enhance the sustainability of the thesis-based program. Establishing these social networks was critical to getting things done, mobilizing resources, and garnering long-term support and commitment to the MPhil program. Significant to this project is that investment in both human and social capital was fundamental in ensuring sustainability of the UG graduate program.

Commitment is considered a key component for sustainability of development initiatives (Girot & Enders, 2004), with attention to sustainability at the beginning of international development projects and public health programs perceived as important for success (Andruchow, Soskolne, Racioppi, & Bertollini, 2004; CIDA, 2004-05; Edwards & Roelofs, 2006; Pluye, Potvin, & Denis, 2004; Pluye, Potvin, Denis, Pelletier, & Monnoni, 2005). For example,

Pluye et al. (2004) examined various public health programs where sustainability is essential as a method for improving health in the long-term. They critically examined the sustainability process within the literature about these public health organizations and determined that sustainability is *concomitant* with the implementation process. It was recommended that health promoters view *sustainability* as a process that must be addressed from the *start* of a project.

The importance of commitment and early attention to issues of sustainability is consistent with a recent examination of the challenges of sustainability in an international development health project (Edwards & Roelofs, 2006). In a long-term international capacity building exercise seeking to improve the quality of village life and promote social prosperity and productivity in ten impoverished, ethic minority counties in China, Edwards and Roelofs (2006) emphasized the importance of building in strategies to support sustainability at the start of a development project. They described three *key mechanisms* or *sustainability levers* that influenced the uptake of the development project as: "…maintaining a good fit between core project elements and the existing health system; creating supporting organizational structures; and designing a transition plan at the start of the project" (p. 48).

Shediac-Rizkallah and Bone (1998) suggest that sustainability is first "… a broad term that incorporates essential notions in continuance (permanence, time) without limiting its manifestations to any particular form" (p. 92). In other words, a program may continue, but does not necessarily have to be within the same organizational structure. Secondly, "sustainability does not imply a static program, in contrast to the notion of something that is repetitive, but fixed" (p. 92-93). These authors suggest that if a program is to continue, it must adjust to new circumstances and needs. During the last couple of years of the UA/UG partnership, the UG faculty members demonstrated a *readiness* to assume the lead academic role in the MPhil program, as was the plan from the beginning. The UG School of Nursing began building its human resource capacity by hiring two MPhil students from the first cohort. Many UA/UG participants were confident that the MPhil program would continue in some capacity; however,

exactly how it might look was unclear. Many UA participants suggested it would be the UG participants' decision to determine the direction it would like to take, as it was *their* program. This finding is consistent with Shediac-Rizkallah and Bone's (1998) description of sustainability, a global term referring to the general phenomenon of program continuation.

Recognition by UG stakeholders of the significant contribution masters-prepared nurses provide to researching health care issues significant to the well being of Ghanaians was an important part of the partnership process. As well, the UG Advisory Committee members realized the leadership capacity of these newly-educated nurses and their potential for positively influencing the Ghanaian health care system. This could be a major step forward for the future of the nursing profession in Ghana. Consistent in the last phase of the UA/UG project was the continuing *support* and *commitment* from the UG Advisory Committee members. While these points were not mutually exclusive, many members viewed the success of the MPhil program as related to: (1) the UG Public Sector requirement of nurses in management positions to have a Masters degree; and, (2) a qualification as a result of the program that would benefit the MPhil graduates. In May 2004, the UG School of Nursing strategically invited the UG Advisory Committee members and other nurses in the community to a Research Day, where the first MPhil graduates presented their scholarly work. They were impressed by the in-depth research conducted by the MPhil students. Many of the UG Advisory Committee members actively provided excellent suggestions in support of the UG School of Nursing, such as; proposing the addition of a non-thesis graduate level program focused on increasing clinical nursing knowledge and skill; offering strategies for retaining MPhil graduates; and suggesting creative funding arrangements to maintain the programs. The UG Advisory Committee members were highly supportive of maintaining the MPhil program, but also discussed other educational opportunities for nurses, such as a Masters of Arts (Nursing) for those interested in working outside the university. Many UG participants also suggested some MPhil graduates could pursue PhD's,

which would be important to in order to secure the School of Nursing's status within the UG, as well as enhance the quality of faculty and student research.

The importance of sustaining *network* connections, in some capacity, between the UA/UG partners was uniformly expressed. Many UA/UG participants thought that the relationships they had established would continue. Some UA/UG participants thought it would be important to continue the provision of some mentoring, as the UG participants gradually assumed full responsibility for thesis supervision. Tracey and Nicholl (2006) suggest that, "…mentoring is appropriate in the development of individuals early in their careers, and networking is emerging as an alternative mechanism that provides support to people as they progress through all career stages" (p. 31). In this way, networking could continue by contacting one another, informally, to see how each other was doing. As well, there could be possibilities for creating other collaborative opportunities, such as publishing together, and for exploring other partnership relationships in the future, if so desired. Although there is a scarcity of literature in relation to the empirical exploration of networking in the context of international partnerships in nursing, networking may be a useful mechanism in order to support people as they progress through the post-adjustment phase of an international partnership. Further exploration of the gap that exists in the current literature between the usefulness of networking during the post-adjustment phase of international educational partnerships in nursing warrants further examination.

Freire's Notions of Critical Consciousness and Authentic Dialogue

Used as a theoretical framework, Freire's notion of *critical consciousness and authentic dialogue* may enhance understanding of how the *focus on capacity building* relative to the UA/UG partnering relationship was linked to acquiring *adequate resources*, *mobilizing external resources*, and the *commitment to sustainability*. Freire's work is based upon a dialogic perspective which articulates a need to change the meaning of power.

> The revolutionary thought by Freire does not presuppose an inversion of the oppressed-oppressor poles; rather, it intends to reinvent, in communion, a society where exploitation and verticalization of power do not exist, where the disenfranchised segments of society

> are not excluded or interdicted from reading the world. (Araújo Freire & Macedo, 2000, p. 9)

Central to Freire is the notion that power is situated in the historical and social analysis. Rather than viewing power in the form of domination, Freire views power as:

> In the communitarian alternative, power is relational, characterized by mutuality rather than sovereignty. Power from this perspective is reciprocity between two subjects, a relationship not of domination, but of intimacy and vulnerability . . . . in which surrender to community enables the individual to gain mastery. (Christians, 2000, p. 148)

The premise behind Freire's theory of power is the creation of autonomous relationships between individuals in order to take responsibility for their actions, becoming liberated, empowered from the constraints of coercion (Wilson-Thomas, 1995), and being powerless (Christian, 2000).

To achieve empowerment requires what Freire (2002) termed *conscientization* or *critical consciousness.* Conscientization is a term central to Freire's concept of popular education. Conscientization is a progressive process by which individual learners develop a critical awareness of their socio-cultural surroundings to be an active participant of their being. The goal of critical consciousness is the continuing flow of praxis and reflection in everyday life. Liberating and critical dialogue presupposes action. Much of Freire's initial work focused upon liberating the oppressed. Freire (2002) speaks of the importance of achieving *authentic praxis* which is

> . . . when the situation calls for action, that action will constitute an authentic praxis only if its consequences become the object of critical reflection. In this sense, the praxis is the new *raison d'être* of the oppressed; and the revolution, which inaugurates the historical moment of the *raison d'être,* is not viable apart from their concomitant conscious involvement. Otherwise, action is pure activism. (p. 66).

To achieve praxis

> Liberation is praxis: the action and reflection of men and women upon their world in order to transform it. Those truly committed to the cause of liberation can accept neither the mechanistic concept of consciousness as an empty vessel to be filled, nor the use of banking methods of domination (propaganda, slogans-deposits) in the name of liberation. (Freire, 2002, p. 79).

In other words, in a situation whereby domination is the central focus of an educational exchange between two individuals/groups, the voice of one side prevails. In a situation, however, free of oppression, a space is created by which both sides are empowered to examine their own social situation and make social change amenable to them. As a result, critical dialogue requires two dimensions, reflection and action. In order to engage in this liberating and critical dialogue, it focuses on reflection and action, which presupposes equality among partners. In Freire's theory of critical consciousness, dialogue is the central element in an emancipatory strategy that liberates and empowers relationships between individuals.

> In problem-posing education, people develop their power to perceive critically *the way they exist* in the world *with which* and *in which* they find themselves; they come to see the world not as a static reality, but as a reality in process, in transformation. (Freire, 2002, p. 83)

Freire (2002) argues that to actualize this dialogue whereby both partners are equal participants requires entering dialogue with love, humility, and faith. As a result, a horizontal rather than vertical relationship ensues based upon mutual respect. Stemming from this Freire also argues that when partners engage in liberating and critical dialogue they both participate in making meaning of a situation (authentic reflection), and assuming responsibility for their choices (action).

Freire's notions of *critical consciousness* and *authentic dialogue* may reveal a way to understand what occurred among the UA and UG partners while focusing on building capacity. Freire (2002) speaks about the dialogical theory of action whereby "…subjects meet in cooperation in order to change the world" (p. 167). Much of Freire's original work focused upon his observations with underprivileged peasants in South America to develop his theory of oppressed group behaviour (Freire, 2002). The premise behind this theory was a focus on problem-posing and dialogue as *critical pedagogy* designed to foster critical reflection. In viewing what occurred among the UA/UG partners in their partnering relationship, Freire's notion of empowerment through collective liberating dialogue fits well with how the UA/UG

partners collectively worked together to achieve the mutually agreed upon goals for capacity building in a reciprocal, democratic environment. It is important, however, to emphasize that the UA/UG partners were experienced educators with expertise, which was acknowledged by both partners at the onset of the project. As a result, the notion of oppression as described by Freire originally was not prominent in the UA/UG partner relationship.

The UA Faculty of Nursing and the UG School of Nursing intrinsically valued higher education and were cognizant of where UG had been, where they currently were, and where they wanted to go, if they were going to continue as a viable institution at the UG contributing to the health and well-being of Ghanaians. Specifically, the desire for higher education for the UG School of Nursing came from within and not from outside. As a result, even before the UA/UG partnership was established, the UG possessed a critical level of ownership and responsibility for knowing where they wanted to go, to ensure that they were able to offer higher education at the masters level or higher for nurses in Ghana. Similarly, the UA partners also knew what they could contribute and what they also wanted to gain in order to accomplish the mutual and individual goals of the project.

Individuals are empowered through critical examination of their reality (Freire, 2000). There was a strong, joint desire by the UA/UG partners from the onset of the partnership for an authentic existence (Araújo Freire & Macedo, 2000). Therefore, through a process of self-discovery, self-development, and collective development, the UA/UG nursing faculty members through the partnering relationship were able to envision how they might both contribute and change their situation. "When they discover within themselves the yearning to be free, they perceive that this yearning can be transformed into reality only when the same yearning is aroused in their comrades" (Araújo Freire & Macado, 2000, p. 49). Because the UA/UG partners had previous levels of familiarity with each other and or contexts based upon mutual respect and trust, they were able to easily communicate, share power, and empower each other to contribute to building capacity at both institutions. A very cooperative situation ensured, as Freire

(2002) states: "The dialogical theory of action does not involve a Subject, who dominates by virtue of conquest, and a dominated object. Instead, there are Subjects who meet to *name* the world in order to transform it" (p. 167).

The UA/UG partners spoke about their ability to be empowered to do things that they previously thought they could not do or for which they did not have an environment that would enable to them to pursue such personal/professional goals. The point to highlight is that both partners expressed that they possessed the personal power and confidence to be empowered to make things happen for themselves and for each other throughout the project. For example, the goal to increase the skill and knowledge of the UA nursing faculty members through experience in internationalization activities was fostered by the reciprocal reflective dialogue with the UG partners, as well as the engagement in a satisfying international experience. Many UA nursing faculty members and students took the opportunity to acquire internationalization skills and knowledge, thus increasing the human capacity at the UA Faculty of Nursing. Similarly, many UG nursing faculty members articulated how they were empowered to do things that they never envisioned. Some UG nursing faculty members, for example, spoke about the support they received from UA faculty members fostering increased confidence in writing articles for publication. Another example was when some UG faculty members spoke about the difference in teaching styles between the undergraduate nursing program, as opposed to the graduate program, and having the confidence to take on this new challenge. The new skills the UG faculty members acquired while working with the UA faculty members led to the realization that they *could do it.*

In addition, specifically in Ghana, some of the outside stakeholders either possessed a lack of understanding of the importance of higher education for nurses or were unaware of the critical human resource shortage in the School of Nursing. These outside Ghanaian stakeholders were vital to the project because they possessed important social networks and knowledge, and the power to garner other resources that would be beneficial to move the UA/UG project forward. This is why during the preparatory/beginning phase of the project, a member from the core group

of UG School of Nursing Management Committee arranged *face to face* meetings with key individuals (heads of faculties and other administrators within the UG and in the public sector), *informing* them of the UA/UG project. These initial meetings were instrumental in raising the critical consciousness of these UG stakeholders about the importance of this kind of partnership. As well, because there was already established mutual respect and trust among some of the UG nursing faculty members with the outside UG stakeholders, it was possible to engage in authentic dialogue *collectively* to acquire what was needed to move the project forward. Through authentic dialogue and goodwill among the UG nursing faculty members and UG stakeholders, they realized that the benefits of such a graduate program were reciprocal in nature.

> No one can, however, unveil the world *for* another. Although one Subject may initiate the unveiling on behalf of others, the others must also become Subjects of this act. The adherence of the people is made possible by this unveiling of the world and of themselves, in authentic praxis (Freire, 2002, p.169).

What resulted was UA stakeholders with a critical understanding of the action they could do and contribute to the project, recognizing that the UG nursing faculty members were also contributing and capable of moving the project forward. Because of the high level of trust and mutual respect among the UA/UG partners in their relationship, they continually honored and acknowledged that joint abilities and contributions could move the project forward, so tried not to do *for,* but work *with* them in order that they be empowered to act.

Importance of Ease of Communication, Power Sharing and Capacity Building for Successful International Development Partnering

Ease of communication, sharing of power, and *focus on capacity building* were intricately interconnected components vital for a successful and satisfying partnering relationship. A closer examination of these components through a theoretical perspective enhanced the understanding of the complexities in the dynamics of the partnering relationship. Important to accomplishing the goals of the project was the strong belief by both partners that a positive outcome would be achieved. This coupled with authentic relationships was instrumental to development of a

successful and hopefully sustainable outcome. The UA/UG partnering relationship was based upon relationships of collegiality and friendship with a high degree of mutual trust and respect. Ease of communication was key to overcoming potential overt and covert inequitable distribution of power and contributed to meeting the shared goals of capacity building. Despite cultural differences, the UA and UG partners were able to solve potential misunderstandings, of which few emerged, in an equitable manner. Viewing international development partnerships from a descriptive perspective or modular component only, devoid of critical analysis of the underlying interpersonal relational aspects, may oversimplify the complexities and diversities of such partnerships. *Ease of communication, power sharing,* and *capacity building* were interwoven components of the UA/UG partnership that contributed to a successful outcome in this particular international development project.

Chapter Summary

The three components and seven elements that led to a successful and mutually satisfying project and partnership were analyzed and discussed relative to the international development/partnership literature. Critical theorists, Habermas, Foucault, and Freire's theoretical perspectives offered important insights into the relational piece of this partnership within the broader historical, social, political, and cultural contexts. The importance of the UA/UG partnering relationship was evident in every phase of the project. The acknowledgment that both partners had something to contribute and that there were reciprocal benefits was significant to the success of the partnership. The capacity of a core group of UA/UG faculty members to communicate on a relational level, based upon mutual respect and understanding was critical. It resulted in a partnering relationship based upon the development of a critical consciousness to accomplish both mutual and individual goals through authentic dialogue in a non-hierarchal manner. Requisite relational elements were in place for sharing power, thus fostering a mutual awareness by both partners to have the confidence *to act,* taking responsibility and accountability

for achieving their goals in an egalitarian manner. The UA/UG partnership dispelled the myth of *donor knows best*, which is in clear opposition to the notion of shared partnering.

In the final chapter, the focus will be on a description of salient insights emerging from analysis of this particular case study. Recommendations for future research possibilities in international partnership in higher education in nursing are suggested; an update on the current status of the MPhil (Nursing) program in Ghana is presented; a description of my reflections upon the research process is made; and concluding remarks about the importance of the partnering relationship are discussed.

CHAPTER NINE

INSIGHTS GAINED THROUGH COLLABORATION

My interest in the established UA/UG project evolved from my personal experiences working internationally, over several years and wondering: *why some education partnerships in nursing were more successful than others.* As the discipline of nursing works collaboratively to strategically address global health needs, understanding the processes that assist with building and sustaining effective partnerships will become increasingly important. The purpose of this case study was to understand how the contextual features of history, culture, setting, decision-making, and intercultural communication contribute to building and sustaining a successful international development partnership in higher education in nursing. A joint educational partnership was explored between the University of Alberta (UA) Faculty of Nursing in Canada and University of Ghana (UG) School of Nursing in West Africa which focused on the development of a Masters of Philosophy (Nursing) program in Ghana. Participants interviewed were from *both* sides of the partnership in Canada and Ghana, and included four cohorts of Ghanaian students who were beneficiaries of the partnership. Three phases of the partnership relationship among the Canadian and Ghanaian partners were identified. Further analysis of the data provided an in-depth understanding of the integral components and elements, which provided the framework for understanding what contributed to a mutually satisfying partnering relationship and a successful outcome.

The three phases of the partnership relationship among the Canadian and Ghanaian participants were sequentially structured around three major categories, with six themes and accompanying sub-themes that emerged from the data (see Figure 1) as presented in Chapter four. In the first category **Getting Started,** three themes emerged, *Taking the Opportunity, Associating,* and *Committing.* In the second category **Keeping it Going,** two themes emerged, *Learning* and *Accommodating;* and in the third category **Following the Project,** one theme emerged, *Sustaining.* These phases describe the partnership process as it evolved over the

duration of the project from planning to implementation and evaluation. *Ease of communication, sharing of power,* and *focus on capacity building,* as instrumental to goal achievement, were integral components of this partnership and provided the framework under which the success of the partnership was discussed. Stemming from the conceptual understanding of the processes and structures of the three phases of the UA/UG partnership relationship, seven key elements that contributed to the success of the partnership were identified: *shared and individual institutional goals; shared expertise; shared workload; shared leadership; adequate resources; mobilization of external resources;* and *commitment to sustainability*. Viewing the UA/UG development project within a social theory lens enhanced and offered theoretical understanding of the partnering relationship.

This final chapter is organized into six sections. The first section introduces the insights that emerged from the findings. The second section presents recommendations for future research in international partnerships in nursing. The third section is a current picture of the status of the Masters of Philosophy (Nursing) program in Ghana, as well as other education developments within the UG School of Nursing. The fourth section reveals my reflections upon the experience of conducting an international study guided, in part, by participatory action research (PAR). The fifth section discusses the limitations of the study. The last section provides concluding remarks regarding the importance of the partnering relationship in this particular case study and offers suggestions for future international projects in higher education in nursing.

Section One:

Insights from Analysis of a Successful International Nursing Education Partnership

As part of the PAR process there was ongoing consultation with the UA/UG Management Committees during the research process. When I began this research, there was mutual interest in the possibility of extending the UA/UG partnership into a second project. The UA/UG Management Committees were interested in gaining knowledge that could strengthen the UA/UG partnership through involvement in the co-development of recommendations. As a result,

these insights are based upon collaborative reflections with most of the UA/UG Management Committee members about the findings and discussion chapters. The purpose of highlighting these insights is their usefulness for informing the UA Faculty of Nursing and the UG School of Nursing if they continued to partner in the future. As well, in this particular case study, using qualitative inquiry, the intent is not generalization in the empirical sense, but using the knowledge generated that it may lead to a better understanding of the complexity of international nursing partnerships in higher education for other nurses involved in similar ventures. Stemming from this, the insights may inform future international nursing practice and education initiatives.

First, it is important to acknowledge the significant *time* and *commitment* it takes from the *beginning* of an international development project to build authentic dialogue within the partnering relationship. Taking this time in a deliberative manner may be key to achieving the individual and institutional goals of the project and a successful outcome. To achieve authentic dialogue among a core group of UA/UG nursing partners in this project, the findings revealed that they shared a number of key characteristics including: a common language (English and professional terminology within higher education); strong cross-cultural understanding; collegial relationships which evolved into long-standing friendships; and, solid understanding of each other's historical, social, and political contexts. These shared characteristics resulted in a high degree of familiarity with what Habermas (1984, 1987; 2001) conceptualized as one another's life world. As a result, the partnering relationship among this core group of UA/UG participants was based upon mutual trust and respect, which influenced the quality of interpersonal interactions within various contexts. As well, this study highlights that taking the *time* to achieve authentic communication empowers both partners to openly and easily communicate their individual concerns in order to achieve mutually determined goals for a successful outcome. I think it is important to emphasize that both partners spoke English, so a language barrier was not an issue. Where limited English is spoken, it may be argued that achieving authentic communication may be more difficult.

Second, university institutions that promote nursing scholars to participate in international development initiatives need to reexamine their criteria for rewarding this type of work. Based upon this study, many participants articulated that they received minimal support or acknowledgement of this type of work towards their professional scholarly evaluation.

Third, shared and reciprocal leadership coupled with strong leadership abilities is paramount in order to assist with addressing power differences, misunderstandings, and diversity in perspectives to keep an international development project moving toward mutually agreed upon goals. Based upon the findings in this research, the established long term links between Canada and Ghana, the pre-existing collegial/friendship relationships among some of the UA/UG participants, and the previous international work experiences by some of the UA/UG participants were contributing factors to a mutual level of understanding, critical to the development of the interdependent relationship in partnering. Over an extended period of time, trust and mutual respect developed among the UA/UG participants which set the tone for reciprocal dialogue. Embedded within this reciprocal dialogue was the notion of a democratic context. The UA/UG Project Directors and UA/UG Management Committee members consistently consulted one another about aspects of the project, thus ensuring opportunity for reflective dialogue, resulting in an equitable and satisfying collaboration for both partners. This ongoing *checking in* demonstrated a style of shared non-hierarchical reciprocal leadership based upon an acknowledgment of the expertise, value, and contributions each partner had towards championing the successful outcome of the project. In this project, both partners were giving and receiving, which created a situation whereby the *donor* and *recipient* scenario apparent in many international projects was minimized.

Fourth, funding agencies need to consider the inclusion of both international partners in Project Directors' meetings when such meetings exist. Dialogue including Project Directors from both partners in multiple development projects has the potential to meet two goals: (1) further understanding of common issues and the creative ways in which they have been resolved; and (2)

enhance funders' appreciation of the constraints that some of their policies may impose on creating international partnership environments conducive to capacity building and sustainability.

Fifth, several structures need to be instituted at the start of an international development project to promote the likelihood of sustainability. Based upon the findings in this research, sustainability factors were clearly built into the project during the proposal phase of the project; for example, creation of UA/UG Management and Advisory Committees; co-development of masters' courses; co-teaching and co-thesis supervision roles; annual management meetings; and, mid-term evaluation of the project. As well, full ownership of the project was clearly outlined at the beginning and constantly reinforced by ongoing collaborative dialogue encouraged by the Project Directors.

Sixth, to acquire a firm commitment for an international development project in higher education, the Project Directors need to include highly respected individuals with academic/administrative positions and other influential individuals in the public sector who possess credibility and power to mobilize resources to move such a project forward. Such individuals may provide long-term support integral to the success of the initiative and increases the likelihood of sustainability. Based upon the findings in this research, the UG Management/Advisory Committee in particular was comprised of members with expertise, power, and capacity to mobilize resources for the project.

Seventh, the acknowledgement of the expertise that both partners bring to an international development project is important. In this project, both partners acknowledged the contributions that they could make to the MPhil program and the areas in which the other partner could provide support and knowledge to the endeavour. Such acknowledgment fosters respect for other perspectives and creates the environment needed for satisfying relationships, openness to strategies for building capacity, and sustainable outcomes.

Eighth, when the focus is capacity building in an international development project in higher education in nursing, investing in human capital may not be sufficient without attention to the

importance of building social capital. Based upon this study, for example, building the human resources at UG optimally would require the establishment of network relationships with other UG academics with PhDs outside of the UG School of Nursing (who at the time did not have any PhD-prepared faculty) to assist with co-supervision of MPhil student theses. Other connections, such as those with the Chief Nursing Officer and the Director of Human Resources in the Ministry of Health, were also successful and fostered applications from excellent potential students. Excellent applicants are needed to enhance credibility of the program and contribute to sustainability.

Ninth, developing a *critical consciousness* based upon trust and mutual respect (Freire, 2002) may empower each partner within a partnering relationship to collaboratively achieve individual and mutually determined goals in a non-hierarchal and thus egalitarian manner.

Section Two:

Recommendations for Future Nursing Research Possibilities

There were several future research possibilities that emerged from the findings of this particular case study in relation to components and elements integral to a successful international partnering relationship in nursing. Research reviewing other similar development projects in nursing that have been deemed unsuccessful or successful is needed to ascertain similarities and differences from this particular case study. Collegiality and friendship among the partners were viewed as critical to the success of the partnering relationship, suggesting the need for further research into the influence and understanding of collegiality and friendship in relation to similar types of international development partnerships in nursing. Findings related to several concepts that contributed to the UA/UG partnership that need to be explored further include: (1) readiness; (2) familiarity; (3) intercultural networking; (4) intercultural mentoring; and, (5) sacrificing in international development partnerships. One of the characteristics that allowed for *ease of communication* among the UA/UG partners was that they both spoke English. Conducting a similar study exploring the partnership relationship with other partners who do not speak a

common language fluently is needed. Ghanaian/Canadian faculty and students expressed the benefits of going back and forth between both countries. This raises the question to be explored: Does being involved in an international partnering arrangement make faculty members and students more culturally sensitive? Does it foster cross-cultural understanding? The acquisition of cultural sensitivity of faculty and students in such international partnering arrangements requires more study. Research to examine the influence of network gender differences and similarities in international development partnerships is needed. In this case study, most of the ongoing decision making for the project was made among a network of female participants. Finally, the finding related to the notion that experienced faculty members with an international background facilitate the adaptation and adjustment of less experienced and/or inexperienced faculty members or students requires further study as to the processes involved.

Section Three:

Current Status of Masters' Level Education in Nursing at UG

Following the formalized funded project completion date (February, 2005) between the UA/UG partners, the MPhil program has continued. Between May 2004 when the first co-hort of students convocated and September 2007, a total of 11 students have graduated, 7 students have completed all program requirements, but have not yet convocated. The remaining 20 students are in the process of either data collection or analysis, or writing their thesis, and 11 are writing their research proposals or waiting for ethical clearance. To date only one graduate of the MPhil program has left Ghana. One student has transferred to the non-thesis MA (Nursing) program. At this time, the MPhil students continue to come to UA for six weeks, at the end of their first year, to work with UA faculty consultants and use the library resources to develop their thesis proposals. As described in the findings chapters, during the later phase of the project, discussions had commenced between the UG School of Nursing faculty members, UG Administration, and MOH exploring other options in higher education for nursing. The suggestion was made that in addition to the MPhil program, a one year course-based masters program, with a focus on clinical

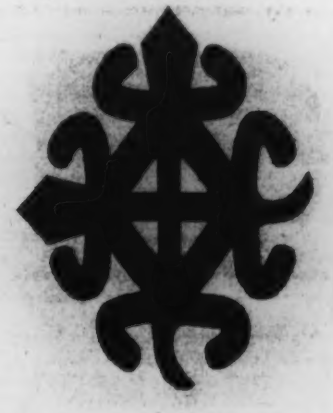
practice and no thesis could be offered to accommodate the increasing requirements in the public sector to have senior nurse administrators educated at this level. As a result, in 2005 the first coursed based masters students were enrolled. As of October 2007, 12 course-based masters students have graduated, and 4 are progressing through the program.

Section Four: Personal Reflections

Musing upon the time I spent in Ghana collecting data for this study, there were two momentous events that elucidate the success of the UA/UG partnership and the historical significance of these events for the future of nursing education in Ghana. The first was attending the *inaugural* 2004 Nursing Research Day where the first cohort of MPhil graduates presented *their* research conducted in *their* country - Ghana. The new MPhil graduates exhibited a great deal of confidence and enthusiasm as they shared their research. To look around and observe the attendees of the event, which included the UA/UG partners, the UG stakeholders who steadfastly supported the project, and the nurses employed outside the UG, was awe-inspiring. I felt an incredible sense of pride and admiration for everyone who worked so hard to see this momentous day come full circle.

The second meaningful event was the opportunity to attend the *Congregation and Swearing-in Ceremony* (Convocation) of the first cohort of Masters prepared nurses at the University of Ghana on May 29th, 2004. As well, the MPhil students were graduating for the first time as an independent School of Nursing within the *College of Health Sciences* at UG. Sitting in the front row of the Convocation Hall, I watched as the UA and UG nursing partners walked together in the academic procession. The convocation format was similar to Canada; however, a noticeable difference was the inclusion of a *cultural interlude* interspersed between speeches and conferment of degrees by the Chancellor. The *cultural interlude* consisted of traditional Ghanaian dancing and singing. There was this intriguing fusion of British colonialism with Ghanaian tradition. Upon reflection, this blend of a *North/South* perspective, in many ways, did not appear polarized. This event epitomized a *new era* for the MPhil graduates, a *new era* for nursing

education at UG, a *new era* for the nursing profession in Ghana, and a *new era* on a global level. The MPhil graduates possess a level of scholarship to continue to research questions relevant to Ghanaians. As one Canadian partner often stated "failure wasn't an option" because the Ghanaians and Canadians, on a fundamental level, really wanted this partnership to work, so everyone was prepared to contribute what was required to achieve the goal. Similarly, another Ghanaian partner emphasized "no one wanted the upper hand". My impression was that the Canadians and Ghanaians strongly valued the equitable nature of the partnership relationship that fostered a successful outcome. The valuing of the partnership relationship was also acknowledged outside of both faculties, both within their universities, and within the public sector. This was highlighted in Ghana by the large number of people who attended these two significant events. What was achieved among these two countries is exemplified in the Ghanaian Adinkra symbol of *Democracy and unity in diversity.*



The above symbol

> . . . signifies the unification of people of different cultural backgrounds for achieving common objectives despite their divergent views and opinions about the way of life. The symbol stresses the importance of democracy in all aspects of life. It also encourages oneness of humanity. It therefore discourages tribalism. (Agbo, 1999, p.12)

The exact origin and period of Adinkra symbols is unclear because they date back for several generations (Agbo, 1999).

My first introduction to Adinkra symbols was seeing them displayed on a poster while strolling through a market in Accra, Ghana. I stopped to examine the intricate detail of some of the symbols. What is noteworthy about these symbols is that they are multi-functional and are appreciated for their aesthetic and communicative values. In addition, the underlying philosophical, historical, educational, and moral values inherent in the Adinkra symbols have great significance in the lives of Ghanaians.

The underlying meaning of this Adinkra symbol of the Siamese crocodile suggests the notion that, when working with others towards a common goal, despite individual differences, much can be achieved in an equitable manner. I thought that this Adinkra symbol exemplified what unfolded in this UA/UG partnership; that despite the historical, social, cultural, economic and political differences, both partners were able to find that common ground (unity) by forming partnership relationships based upon notions of egalitarianism to achieve a mutually satisfying outcome.

An addition to the aforementioned events that highlighted the positive outcomes to international partnering in this case study was the importance for me to include participants from *both* sides of the UA/UG partnership in the data analysis process. PAR as a methodology provides opportunities for participants to be active in decision-making, in knowledge development and inquiring processes, as well as in experience of the knowledge ownership and consequences that result from a study (Smith, 1997). During various points of data collection, I shared my preliminary analysis, findings, and discussion chapters with the Canadian and Ghanaian Management Committees for their feedback and input. The ongoing reiteration *with* the UA/UG Management Committees provided additional insights into the partnership that I would not have otherwise acquired. The reflective dialogue with them was helpful for validating and acknowledging inaccuracies in the findings and discussion chapters. As well, this action element created an important space that allowed both sides of the partnership to contribute to knowledge development within me that may provide insight into how I may partner in the future. Although

the action element was time consuming, as a researcher reflecting upon the process, PAR assisted me with respecting and understanding each other's views that I could never have envisioned on my own. In addition, this case study is important because it highlights the collective *North/South* perceptions of both sides of the project, rather than the more standard one-sided approach presented in much of the nursing, medical, education, and development literature.

Section Five: Limitations of the Study

Certain study limitations relative to using instrumental case study research and PAR approaches, sampling biases, and cultural differences were important to consider in interpreting the findings. First, a case study approach, the case being the UA/UG educational partnership, offered the opportunity to enhance the depth of our understanding of this particular project and context. Therefore, the findings cannot be generalized in the empirical sense, but may provide insights that will further our understanding of this particular case, as well as provide direction or improve practice for others involved in similar international activities. Second, using PAR as a methodological framework, I collaborated with key UA/UG stakeholders about the partnership between the Faculty of Nursing in Canada and the School of Nursing in Ghana at various intervals throughout the study. The key stakeholders had previous associations with one of the Canadian Co-Directors of the UA/UG project and knew that she was my PhD supervisor. Therefore, they may have biased their input/responses somewhat by not expressing their true thoughts during my meetings with them. Third, the sample consisted of Canadian and Ghanaian participants who had been involved in the partnership in various capacities and who consented to participate. A sampling bias may have occurred, in that only participants who felt overly positive about the partnership participated, and as a result, their responses may not be reflective of all of the participants in this partnership. Fourth, when conducting the semi-structured interviews with Canadian and Ghanaian participants, and focus group interviews with the Ghanaian MPhil students, they may have biased their responses somewhat by not expressing their true thoughts based upon the knowledge that my PhD supervisor was also one of the Canadian Co-Directors of

the project. Inability to recall past events, cultural reasons, or fear of reprisal may have inhibited open discussion of concerns. Lastly, some participants' English skills may have been more limited than that of others. This may have prevented them from fully expressing thoughts in the depth possible if interviewed in their indigenous language. As a result, subtle cultural differences in meaning may not have been fully captured at all times.

Section Six:

Conclusion: The Partnering Relationship in International Development Projects in Nursing

Ease of communication, sharing of power, and *focus on capacity building* were the three components that provided the framework for insight into the success of the UA/UG partnering relationship. A core group of UA/UG participants developed collegial relationships that evolved into long-standing cross-cultural friendships. This was a significant overarching dimension for the successful outcome of the project. Through the partnering relationship, the partners developed a critical consciousness for acknowledging potential power differences during the project, and addressing them in an authentic, transparent, and reflective manner without feeling constrained. As a result, the partners openly acknowledged such inequities in power, which led to few serious misunderstandings and miscommunications throughout the project and no irresolvable conflict.

In addition, the Project Director(s) possessed strong leadership skills, expertise as educators, and backgrounds in international development that contributed to their ability to work well with each other. As well, both Project Directors in Ghana were familiar with the North American university structure, which also contributed to a better understanding of the process for establishing the MPhil program. Both partners worked collaboratively and possessed the confidence to engage in certain personal/professional activities that in the past they had not envisioned. Despite the fact that nursing as a gendered profession possesses constraints in terms of being predominately female and is often perceived as lacking power, the nursing goals were achieved and the status of the UG School of Nursing was enhanced.

As nursing continues to establish international partnerships in higher education, in an increasingly global milieu, increased attention to the phases, components, and elements of the dynamics of the partnering relationship may be instrumental to a successful outcome and likelihood for sustainability. As well, nurse scholars engaging in similar international development projects may find the insights from this case study useful as a guide to developing a mutual and satisfying partnering relationship.

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Appendix A

Letter of Support

UNIVERSITY OF GHANA

DEPARTMENT OF NURSING

Telephone: 500149/502255/500381/502258
Ext. 6155 (Head of Department)
Ext. 6206 (Secretary)
513250-Direct
Fax: 513255
E-mail: nursing@ug.edu.gh

P. O. Box 43
LEGON, GHANA

Our Ref: .....

Your Ref: .....

December 22, 2003

Barbara Astel,
Faculty of Nursing,
Graduate Studies,
University of Alberta,
Edmonton, Canada.
T6G 2G3

Dear Sir/Madam,

PERMISSION TO CONDUCT A RESEARCH STUDY ENTITLED "BUILDING AND SUSTAINING INTERNATIONAL PARTNERSHIPS IN HIGHER EDUCATION IN NURSING" IN THE SCHOOL OF NURSING, COLLEGE OF HEALTH SCIENCES, UNIVERSITY OF GHANA, LEGON.

This is to inform you that your proposal has been examined and you have been permitted to access current and former graduates of the School of Nursing, University of Ghana, Legon, for your study. However, this is subject to the approval of the proposal by the Ethical Committee of the College of Health Sciences.

You should be delighted to know that Faculty members have also expressed interest in participating in the research study.

Thank you.

Yours truly,

Mary Opare (Miss)
Head of Department

22/12/03

Appendix B

Ethical Approval (Canada)

Health Research Ethics Board

212-27 Walter Mackenzie Centre
University of Alberta, Edmonton, Alberta T6G 2R7
p.780.492.9724
p.780.492.0459
p.780.492.0839
f.780.492.7303

HEALTH RESEARCH ETHICS APPROVAL

Date:	February 2004
Name of Applicant:	Dr. Linda Ogilvie/Barbara J. Astle
Organization:	University of Alberta
Department:	Faculty of Nursing
Project Title:	Building and sustaining International Partnerships in Higher Education in Nursing

The Health Research Ethics Board (HREB) has reviewed the protocol for this project and found it to be acceptable within the limitations of human experimentation. The HREB has also reviewed and approved the subject information letter and consent form.

The approval for the study as presented is valid for one year. It may be extended following completion of the yearly report form. Any proposed changes to the study must be submitted to the Health Research Ethics Board for approval. Written notification must be sent to the HREB when the project is complete or terminated.

Dr. Glenn Griener
Acting Chair of the Health Research Ethics Board
(B: Health Research)

File number: B-090204

UNIVERSITY OF ALBERTA Capital Health CARITAS HEALTH GROUP

Appendix C

Letter of Invitation (Canadian/Ghanaian Participants)

Interviews - Invitation to Participate

Project Title: Building and Sustaining International Partnerships in Higher Education in Nursing

Barbara Astle, RN, PhD Candidate, Faculty of Nursing..... Tel: (403) 249-2732
Linda Ogilvie, Professor, Faculty of Nursing (Supervisor)..... Tel: (403) 492-9109

This letter of invitation outlines important information about the above study. It will help you explore your interest in taking part in the study. To be in the study you need to have been involved with the CIDA funded educational partnership between the University of Alberta, Faculty of Nursing and the University of Ghana, School of Nursing, in the development of a Masters of Philosophy (Nursing) program in Ghana, either at the beginning-planning phase or during the implementation phase.

I am a graduate student in Nursing at the University of Alberta in Edmonton, Alberta, Canada. I am interested in learning more about what makes international educational partnerships in nursing succeed.

The information from this study may benefit nurse educators in their efforts to better understand how an international partnership works. The findings may also help in understanding how nurse educators can find ways to address global health needs. You may also add to the making of knowledge. If you agree to be in the study, I will ask you take part in an interview that will last sixty to ninety minutes. The interview only requires your time and an interest in the study. You will not have to answer any questions or discuss any topics that you do not want to.

I hope to hear from you. If you are willing to participate in an interview and hear more detailed information about the study you can contact me by my email address: bjastle@shaw.ca (Canada or Ghana) or by telephone (403) 249-2732 (Canada), (telephone #) (Ghana)

Appendix D

Ethical Approval (Ghana)

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
INSTITUTIONAL REVIEW BOARD
(UNIVERSITY OF GHANA)

Phone: +(233) 21 500374 /501178
Fax: +(233) 21 502182
Email: Director@noguchi.mimcom.net
Telex No: 2556 UGL GH

P.O. Box LG581
Legon
Ghana

My Ref. No: DF.22

5th May, 2004.

Your Ref. No:

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824

NMIMR-IRB CPN 026/03-04

On 14th April, 2004 the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB), conducted a full board review and approved your protocol titled:

TITLE OF PROTOCOL	:	**Building and sustaining International Partnerships in Higher Education in Nursing**
INVESTIGATOR	:	**Barbara Jean Astle**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the study.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 13th April, 2005. You are to submit annual reports for continuing review.

Signature of Chairman: .....
Rev. Dr. Samuel Ayete-Nyampong
(NMIMR – IRB, Chairman)

cc: Professor David Ofori-Adjei
(MB CHB, FRCP, FWACP)
Director, Noguchi Memorial Institute
for Medical Research, University of Ghana, Legon.

14/05/04

Appendix E

Focus Groups – Invitation to Participate

Project Title: Building and Sustaining International Partnerships in Higher Education in Nursing

Barbara Astle, RN, PhD Candidate, Faculty of Nursing..... Tel: (403) 249-2732
Linda Ogilvie, Professor, Faculty of Nursing (Supervisor)..... Tel: (403) 492-9109

This letter of invitation outlines important information about the above study. It will help you explore your interest in taking part in the study. To be in this study you need to have been involved with the CIDA funded educational partnership between the University of Alberta, Faculty of Nursing and the University of Ghana, School of Nursing as a past or current graduate student of the School of Nursing at the University of Ghana.

I am a graduate student in Nursing at the University of Alberta in Edmonton, Alberta, Canada. I am interested in learning more about what makes international educational partnerships in nursing succeed.

The information from this study, however, may benefit nurse educators in their efforts to better understand how an international partnership works. The findings may also help in understanding how nurse educators can find ways to address global health needs. You may also add to the making of knowledge. If you agree to be in the study, I will ask you to take part in a focus group interview that will last about one to two hours. The focus group discussion only requires your time and an interest in the study. You will not have to answer any questions or discuss any topics that you do not want to.

I hope to hear from you. If you are willing to participate in a focus group and hear more detailed information about the study you can contact me by my email address: bjastle@shaw.ca (Canada or Ghana) or by telephone (403) 249-2732 (Canada), (telephone #) (Ghana).

Appendix F

Cover Letter (Ghanaian Participants)

UNIVERSITY OF GHANA

DEPARTMENT OF NURSING

Telephone: 500149/502255/500381/502258
Ext. 6155 (Head of Department)
Ext. 6206 (Secretary)
513250-Direct
Fax: 513255
E-mail: nursing@ug.edu.gh

P. O. Box 43
LEGON, GHANA

Our Ref: .....
Your Ref: .....

May 4, 2004

Name & Address of Participant

.....

.....

Dear Sir/Madam:

I am forwarding a request for participation in a study related to the CIDA Project Graduate Nursing Education in Ghana (see Appendix F). You have made significant contributions to the success of the project. Unless you tell me, I will not know who chooses to participate. I will not see the transcripts of interviews but only the data pulled from them. Another dissertation committee member will have access to transcripts as necessary.

Thank you.

Mary Opare (Ms)
Head of Department

Appendix G

Cover Letter (Ghanaian Student Participants)

UNIVERSITY OF GHANA

DEPARTMENT OF NURSING

Telephone: 500149/502255/500381/502258
Ext. 6155 (Head of Department)
Ext. 6206 (Secretary)
513250-Direct
Fax: 513255
E-mail: nursing@ug.edu.gh

P. O. Box 43
LEGON, GHANA

Our Ref: .....

Your Ref: .....

May 4, 2004

Name & Address of Participant

.....

.....

Dear

I am forwarding a request for participation in a study related to the CIDA Project Graduate Nursing Education in Ghana (see Appendix G). You have made significant contributions to the success of the project. Unless you tell me, I will not know who chooses to participate. I will not see the transcripts of interviews but only the data pulled from them. Another dissertation committee member will have access to transcripts as necessary.

Thank you.

Mary Opare (Ms)
Head of Department

Appendix H

Consent Form (Observations)
Yearly Management Meeting in Ghana

Project Title: Building and Sustaining International Partnerships in Higher Education in Nursing

Barbara Astle, RN, PhD Candidate, Faculty of Nursing..... Tel: (403) 249-2732
Linda Ogilvie, Professor, Faculty of Nursing (Supervisor)..... Tel: (403) 492-9109

This consent form tells you about information that you will need to know should you decide to be in this study. I am a graduate student in Nursing at the University of Alberta in Edmonton, Alberta, Canada. I am doing research and would like to ask you to consider taking part in it. This study is to learn about what makes international educational partnerships in nursing succeed. To be in this study you need to have been involved in this educational partnership between the University of Alberta, Faculty of Nursing and the University of Ghana, School of Nursing either at the beginning- planning phase or during the implementation phase.

The information from this study may assist nurse educators in their efforts to better understand how an international partnership works. The findings may help in understanding how nurse educators can find ways to improve global health needs. You may also add to the making of knowledge. This may help other nurse educators who are a part of an international educational partnership.

If you agree to be in the study, I will ask you to allow me (the researcher) to observe your participation in the yearly management meeting about the project consisting of the Ghanaian and Canadian partners. I am particularly interested in observing the interactions among you. During this observation, I will make notes and these notes will become a part of the data. All information will be held confidential (or private), except when professional codes of ethics or legislation (or the law) requires reporting. The information you provide will be kept for at least five years after the study is done. The information will be kept in a secure area (i.e. locked filing cabinet). Your name or any other identifying information will not be attached to the information you gave. Your name will also never be used in any presentations or publications of the results. The information gathered for this study may be looked at again in the future to help us answer other study questions. If so, the ethics board will first review the study to ensure the information is used ethically. This information may be used for the teaching of others or for writing articles. Dr. Linda Ogilvie (my supervisor) will not have access to the raw data. As she is a Co-Director of the partnership project used for this research, she will have access to the content that is pulled from the data at all stages of the analysis, but will not be told what information specific participants revealed.

It is not expected that there will be any risk to you if you take part in the study. You may not receive any additional benefit following the completion of the study. You may ask any questions that you have about the study. You are free to choose not to take part in the study. If you decide to be in the study and change your mind, you may withdraw from the study at any time, without penalty. I will respect the management team's request to have me leave if desired. Overall, the well being of the participants will be placed above the purpose of the research or the goals of the researcher.

If you would like to take part in this study, please read and respond to the questions below. Then please sign your name below. Your signature below will be proof that you have decided to be in the study. You are also aware of what the study is asking of you. If you have concerns about this study, you may contact Dr. Kathy Kovacs Burns, Director, Research, Faculty of Nursing, University of Alberta, at (780) 492-3769 or email address: kathy.kovacsburns@ualberta.ca Do you have any questions?

Initials_____

Do you understand that you have been asked to be in a research study?	Yes	No
Have you read information about the research study?	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Have you had an opportunity to ask questions and discuss the study?	Yes	No
Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason and will be given the choice as to whether information already collected will be used.	Yes	No
Has the issue of confidentiality been explained to you? Do you understand who will have access to your information?	Yes	No

This study was explained to me by: _____ Date: _____

I agree to take part in this study.

_____ _____ _____

Research Participant Signature Date Witness' Signature

_____ _____

Printed Name Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____ _____

Researcher Signature Date

_____

Printed Name

A copy of this consent form has been given to you to keep for your records and reference.

Appendix I

Interview Guide (Canadian/Ghanaian Participants)

Guiding Questions: Interview with Participants

1. Tell me about your involvement in the development of an MPhil (Nursing) program at the University of Ghana?
2. What do you think contributed to the evolvement of this nursing partnership?
3. How would you describe this partnership?
4. What does partnership mean to you?
5. What elements do you think are important for an international educational partnership to evolve? Are there any elements that you think may be unique or particularly important in a nursing partnership?
6. How are decisions made between the partners involved?
7. Have you been part of other international partnerships before? How does this partnership compare with other international partnerships you have been apart of?
8. How do you feel about the way this partnership has been structured?
9. What have been the strengths of this partnership?
10. What have been the weaknesses of this partnership?
11. How have conflicts / misunderstandings been resolved in this partnership? Please give specific examples where possible.
12. How would you improve this partnership?
13. What do you think will help this partnership continue once this project agreement is completed at the end of 2004?
14. Would you like to be in such a partnership again? Why or Why not?
15. Do you have any other issues that you want to bring up?

Appendix J

Interview Guide (Focus Groups: Ghanaian Students)

Guiding Questions: Interview Focus Groups

1. What is your understanding of this partnership?
2. What does partnership mean to you?
3. What elements do you think are important for an international educational partnership to evolve? Are there any elements that you think may be unique or particularly important in a nursing partnership?
4. How are decisions made in planning your program?
5. Have you been part of other international partnerships before? How does this partnership compare with other international partnerships you have been apart of?
6. What have been the strengths of this partnership?
7. What have been the weaknesses of this partnership?
8. How would you improve this partnership?
9. How do you feel about the way this partnership has been structured?
10. What do you think will help this partnership continue once this project agreement is completed at the end of 2004?
11. How have conflicts / misunderstandings been resolved in this partnership? Please give specific examples where possible.
12. Would you like to be in such a partnership again? Why or why not?
13. Do you have any other issues that you want to bring up?

Appendix K

Consent Form (Canadian/Ghanaian Participants)

Project Title: Building and Sustaining International Partnerships in Higher Education in Nursing

Barbara Astle, RN, PhD Candidate, Faculty of Nursing..... Tel: (403) 249-2732
Linda Ogilvie, Professor, Faculty of Nursing (Supervisor)..... Tel: (403) 492-9109

This consent form tells you about information that you will need to know should you decide to be in this study. I am a graduate student in Nursing at the University of Alberta in Edmonton, Alberta, Canada. I am doing research and would like to ask you to consider taking part in it. This study is to learn about what makes international educational partnerships in nursing succeed. To be in this study you need to have been involved in this educational partnership between the University of Alberta, Faculty of Nursing and the University of Ghana, School of Nursing either at the beginning- planning phase or during the implementation phase.

The information from this study may assist nurse educators in their efforts to better understand how an international partnership works. The findings may help in understanding how nurse educators can find ways to improve global health needs. You may also add to the making of knowledge. This may help other nurse educators who are a part of an international educational partnership.

If you agree to be in the study, I will ask you to take part in an interview that will last about sixty to ninety minutes. You will be interviewed at a time and place that is suitable to you and the researcher. It will also be recorded on a tape recorder. I will ask you some questions about your views about the educational partnership between the University of Alberta, Faculty of Nursing and the University of Ghana, School of Nursing. Our interview will be private. Your name will not be used in the study but will be coded with a number. What is on the tapes will be typed onto paper (transcribed). A professional transcriber and I will listen to the tapes. Your privacy will be maintained because the transcriber will have signed a confidentiality agreement. All information will be held confidential (or private), except when professional codes of ethics or legislation (or the law) requires reporting. The information you provide will be kept for at least five years after the study is done. The information will be kept in a secure area (i.e. locked filing cabinet). Your name or any other identifying information will not be attached to the information you gave. Your name will also never be used in any presentations or publications of the results. The information gathered for this study may be looked at again in the future to help us answer other study questions. If so, the ethics board will first review the study to ensure the information is used ethically. This information may be used for the teaching of others or for writing articles. Dr. Linda Ogilvie (my supervisor) will not have access to the raw data. As she is a Co-Director of the partnership project used for this research, she will have access to the content that is pulled from the data at all stages of the analysis, but will not be told what information specific participants revealed.

It is not expected that there will be any risk to you if you take part in the study. You may not receive any additional benefit following the completion of the study. The interview only requires your time. You may ask any questions that you have about the study. You are free to choose not to take part in the study. If you decide to be in the study and change your mind, you may withdraw from the study at any time, without penalty. You will be given the choice as to whether information already collected will be used.

If you would like to take part in this study, please read and respond to the questions below. Then please sign your name below. Your signature below will be proof that you have decided to be in the study. You are also aware of what the study is asking of you. If you have concerns about this study, you may contact Dr. Kathy Kovacs Burns, Director, Research, Faculty of Nursing, University of Alberta, at (780) 492-3769 or email address: kathy.kovacsburns@ualberta.ca Do you have any questions?

Initial_____

Do you understand that you have been asked to be in a research study?	Yes	No
Have you read information about the research study?	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Have you had an opportunity to ask questions and discuss the study?	Yes	No
Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason and will be given the choice as to whether information already collected will be used.	Yes	No
Has the issue of confidentiality been explained to you? Do you understand who will have access to your information?	Yes	No

This study was explained to me by: _____ Date:_____

I agree to take part in this study.

_____ _____ _____

Research Participant Signature Date Witness' Signature

_____ _____

Printed Name Printed Name .

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____ _____

Researcher Signature Date

_____

Printed Name

A copy of this consent form has been given to you to keep for your records and reference.

Appendix L

Consent Form (Focus Groups: Ghanaian Student Participants)

Project Title: Building and Sustaining International Partnerships in Higher Education in Nursing

Barbara Astle, RN, PhD Candidate, Faculty of Nursing..... Tel: (403) 249-2732
Linda Ogilvie, Professor, Faculty of Nursing (Supervisor)..... Tel: (403) 492-9109

This consent form tells you about information that you will need to know should you decide to be in this study. I am a graduate student in Nursing at the University of Alberta in Edmonton, Alberta, Canada. I am doing research and would like to ask you to consider taking part in it. This study is to learn about what makes international educational partnerships in nursing succeed. To be in this study you need to have been involved in this educational partnership between the University of Alberta, Faculty of Nursing and the University of Ghana, School of Nursing as a past or current graduate student of the project.

The information from this study may assist nurse educators in their efforts to better understand how an international partnership works. The findings may help in understanding how nurse educators can find ways to improve global health needs. You may also add to the making of knowledge. This may help other nurse educators who are a part of an international educational partnership.

If you agree to be in the study, I will ask you to participate in a focus group that will last about one to two hours. It will also be recorded on a tape recorder. I will ask you some questions about your views about the educational partnership between the University of Alberta, Faculty of Nursing and the University of Ghana, School of Nursing. Our discussion will be private. Your name will not be used in the study. What is on the tapes will be typed onto paper (transcribed). A professional transcriber and I will listen to the tapes. Your privacy will be maintained because the transcriber will have signed a confidentiality agreement. Before the group discussion begins, I (the researcher) will remind the group that what is said needs to remain confidential. If there is something you would not like to be discussed or known, please do no feel any pressure to share it with the group. However, due to this, complete confidentiality cannot be guaranteed in focus groups. All information will be held confidential (or private), except when professional codes of ethics or legislation (or the law) requires reporting. The information you provide will be kept for at least five years after the study is done. The information will be kept in a secure area (i.e. locked filing cabinet). Your name or any other identifying information will not be attached to the information you gave. Your name will also never be used in any presentations or publications of the results. The information gathered for this study may be looked at again in the future to help us answer other study questions. If so, the ethics board will first review the study to ensure the information is used ethically. This information may be used for the teaching of others or for writing articles. Dr. Linda Ogilvie (my supervisor) will not have access to the raw data. As she is a Co-Director of the partnership project used for this research, she will have access to the content that is pulled from the data at all stages of the analysis, but will not be told what information specific participants revealed.

It is not expected that there will be any risk to you if you take part in the study. You may not receive any additional benefit following the completion of the study. The interview only requires your time. You may ask any questions that you have about the study. You are free to choose not to take part in the study. If you decide to be in the study and change your mind, you may withdraw from the study at any time, without penalty. You will be given the choice as to whether information already collected will be used.

If you would like to take part in this study, please read and respond to the questions below. Then please sign your name below. Your signature below will be proof that you have decided to be in the study. You are also aware of what the study is asking of you. If you have concerns about this study, you may contact Dr. Kathy Kovacs Burns, Director, Research, Faculty of Nursing, University of Alberta, at (780) 492-3769 or email address: kathy.kovacsburns@ualberta.ca Do you have any questions?

Initials_____

Do you understand that you have been asked to be in a research study?	Yes	No
Have you read information about the research study?	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Have you had an opportunity to ask questions and discuss the study?	Yes	No
Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason and will be given the choice as to whether information already collected will be used.	Yes	No
Has the issue of confidentiality been explained to you? Do you understand who will have access to your information?	Yes	No

This study was explained to me by: _____ Date:_____

I agree to take part in this study.

_____ _____ _____

Research Participant Signature Date Witness' Signature

_____ _____

Printed Name Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____ _____

Researcher Signature Date

_____

Printed Name

A copy of this consent form has been given to you to keep for your records and reference.